

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968915	(X3) DATE SURVEY COMPLETED 01/22/2019
NAME OF PROVIDER OR SUPPLIER BRIDGEPORT SENIOR LIVING - PORT MARGATE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 906 SPRING VALLEY RD ALTAMONTE SPRINGS, FL 32714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced monitoring visit related to emergency environmental control plan was conducted on 01/22/2019. Bridgeport Senior Living - Port Margate, had a deficiency at the time of the visit. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record reviews, observation and interviews the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan. Findings include: On 01/22/2019 at 1:30 p.m. during an interview and tour of the facility, the agency observed a generator in the garage area. Interview with the staff revealed they have not been trained on the operation of the backup emergency generator. Class III		