STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968616	**02/20/2019**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING-PORT SPRINGS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **404 SPRING VALLEY RD** **ALTAMONTE SPRINGS, FL 32714**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Monitoring visit for a re-licensure survey Event ID #TWKG11 regarding resident supervision was conducted on . Bridgeport Senior Living Port Springs, LLC. License #12477 had deficiencies at the time of the visit.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation and interview, the facility failed to maintain a correct written staff work schedule reflecting the correct dates to correct days for the month of , calendar.

Findings:

Observation on at 10:10 AM, a , written staff work schedule was hanging on the board near the kitchen that had the wrong dates on the calendar. For example, today was Wednesday, but the schedule noted it was Sunday that was posted on the written staff schedule. Further review of the staff work schedule, revealed staff B was not listed to work today but observed staff B working and assisting residents beginning at 10:30 AM. (Photographic evidence obtained).

On at 1 PM, an interview with the Administrator confirmed the finding. Administrator also stated that she must had used the wrong computer template.

Photographic evidence obtained

Class III