STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968507	R 08/01/2019
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING-PORT ISLE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3619 ROTHBURY DR** **BELLE ISLE, FL 34786**	

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

0000 - Initial Comments

A revisit to a generator monitoring visit conducted at Bridgeport Senior Living Port Isle LLC . Assisted Living on . Deficiencies were found to remain uncorrected at the time of the survey and two new deficiencies.

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAINED UNCORRECTED
Based on observation and interview, the facility failed to have functional monoxide detector alarms in the facility as required.

Findings:

Observation on at 10:30 AM, the facility did not have the monoxide detector alarms working. No monoxide detector alarms were located throughout the assisted living facility.

On at 10:45 AM, a telephone interview with the Assistant Administrator confirmed that the facility had purchased the monoxide detector alarms but had not got a chance to put them up.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on the Background Screening (BGS) Clearinghouse website and interview, the facility failed to maintain an accurate Employee Roster by updating within 10 business days of employment hire date for 2 employees (new Administrator and the new Assistant Administrator) and termination date for the old Administrator as required.

Findings:

On at 8:10 AM, the BGS Clearinghouse Employee Roster website was reviewed. The Employee Roster was not accurate and updated with 10 business days registering the two new employees (new Administrator and the new Assistant Administrator) recently hired and removing the old Administrator.

The old Administrator terminated on and still listed, not removed from the Employee Roster.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968507	R 08/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING-PORT ISLE LLC	**3619 ROTHBURY DR BELLE ISLE, FL 34786**

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

The new Administrator hire date on [redacted] and was not updated on the Employee Roster.

The new Assistant Administrator stated per telephone interview her hire date was on [redacted] and was not updated on the Employee Roster.

(Photographic evidence obtained)

On [redacted] at 10:45 AM, a telephone interview with the Assistant Administrator confirmed the findings.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on the Background Screening (BGS) Clearinghouse website, Employee Roster and interview, the facility failed to obtain a copy of the Level 2 BGS work eligibility for 2 employees (new Administrator and the new Assistant Administrator) as required.

Findings:

On [redacted] at 8:10 AM, the BGS Clearinghouse Employee Roster website was reviewed. The Employee Roster was not accurate and updated with 10 business days registering the two new employees (new Administrator and the new Assistant Administrator) recently hired and removing the old Administrator.

(Photographic evidence obtained)

The old Administrator terminated on [redacted] and still listed, not removed from the Employee Roster.

The new Administrator hire date on [redacted] and was not updated on the Employee Roster. On [redacted] at 10:30 AM, checked for the Level 2 work eligibility and was not found on the BGS website.

The new Assistant Administrator stated per telephone interview her hire date was on [redacted] and was not updated on the Employee Roster. On [redacted] at 10:30 AM, checked for the Level 2 work eligibility and was not found on the BGS website.

On [redacted] at 10:45 AM, a telephone interview with the Assistant Administrator confirmed the findings.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968507	R **08/01/2019**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING-PORT ISLE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3619 ROTHBURY DR** **BELLE ISLE, FL 34786**	

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

Unclassified