Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968745	A. BUILDING: _____ B. WING _____	07/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING - PORT CARDIFF LLC	125 N SPRING LAKE DR ALTAMONTE SPRINGS, FL 32714

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
ZZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	ZZ821		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	ZZ821		

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ZZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Residential Mental Health Providers: Crisis stabilization units, short-term residential treatment facilities, residential treatment facilities, and residential treatment centers for children and adolescents shall submit incidents as required by Section 394.907, F.S., and rules promulgated thereunder to the Agency within 1 business day of occurrence on Residential Mental Health Provider Incident Report, AHCA Form 3180-5008OL, , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-18470, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal 6. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 7. For the purposes of this rule, the following applies for submitting adverse incident reports:	ZZ821		

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ZZ821	Continued From page 3 a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on the facility reviews and interviews the facility failed to electronically submit to the agency a preliminary report within 1 business day of incident and a full report within 15 days of the incident for 1 of 4 sampled residents. (#1) Findings:	ZZ821		

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ZZ821	Continued From page 4 Review of Resident #1's record revealed a facility admission date on . An 1823 health assessment indicated a medical history of , , , , , moderate-severe cognition, gait slow and steady. Her activities of daily living revealed supervision for ambulation and needs assistance with bathing, , self-care, toileting, and transferring. A hospital report dated stated following issues addressed: , , right , , right and open nondisplaced of , phalanx of right little . Referring to Orthopedic Surgery. A facility note on at 12:31 PM, staff notified Administrator of and on right and pinky by text. Staff were asked if the resident had and responded not to their knowledge. A facility note on , resident was taken to urgent care, of , phalanx of pinky. On at 2:00 PM, the Administrator stated she did not submit an incident report as the Owner told her she didn't need too. On at 5:15 PM, the Administrator and Director confirmed the findings. (photographic evidence obtained) Unclassified	ZZ821		
ZZ875 SS=D	430.5025(4 &) / ; Training	ZZ875		

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ZZ875	Continued From page 5 (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 6	ZZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information,

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ZZ875	Continued From page 7	ZZ875		

and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.
(f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request.
2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.

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ZZ875	Continued From page 8 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure 1 of 2 sampled caregivers completed a 1-hour training program on and Related (ADRD) within 30 days after beginning employment (B). Findings: Review of Caregiver B's personnel record revealed a hire date on . Further review revealed a 4-hour annual update 's Training dated . There was no evidence the 1-hour Department of Elder Affairs was completed.	ZZ875		

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ZZ875	Continued From page 9 On at 4:08 PM, the Administrator confirmed the findings. Further stating Caregiver B has not taken the 1 hr. training. (photographic evidence obtained) Class III	ZZ875		
A 000	Initial Comments A complaint investigation #2026004321 and generator monitoring was conducted at Bridgeport Senior Living - Port Cardiff LLC on . The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must	A 008		

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A 008	Continued From page 10 include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental	A 008		

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A 008	Continued From page 11	A 008		

health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of require such assistance.

59A-36.006
(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following:
1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,
3. Any nursing or services required by the

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A 008	Continued From page 12 individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally	A 008		

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A 008	Continued From page 13 must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency	A 008		

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	AL11968745	A. BUILDING: _____ B. WING _____	07/07/2026

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A 008	Continued From page 14 placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to have a medical examination completed within 60 days before or within 30 days of admission for 1 of 4 sampled residents (#3). Findings: On at 10:19 AM, Resident #3 was observed sitting in the common area watching TV. Review of Resident #3's record revealed an admission date on . Further review revealed the 1823 health assessment was missing. The Administrator was made aware the health assessment form 1823 was missing from the record and asked if she had one that was not in the file. On at 1:39 PM, the Administrator stated she's sure she had one and would contact the nurse practitioner to see if it was sent to her. On at 1:54 PM, the Administrator stated after speaking with the nurse practitioner that she does not have an 1823 for the resident. On at 2:10 PM, the Director contacted the nurse practitioner to confirm that she did not have an 1823 for Resident #3. On at 5:15 PM, the Administrator and Director confirmed the findings.	A 008		

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A 008	Continued From page 15 Class III	A 008		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident	A 010		

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A 010	Continued From page 16 must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an	A 010		

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A 010	Continued From page 17 assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged	A 010		

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A 010	Continued From page 18 from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, resident record reviews	A 010		

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A 010	Continued From page 19 and interviews, the facility failed to have a -to- medical examination by a healthcare provider at least every three years after the initial for 1 of 4 sampled residents (#5) as required in an assisted living facility (ALF). Findings: On at 10:20 AM, Resident #5 stated during an interview that she has been at the facility for 3 years. Review of Resident #5's record revealed a facility admission date on . Her 1823 health assessment form was dated . The Administrator was asked if the resident had an updated 1823 based on the current date. On at 1:39 PM, the Administrator stated the daughter is getting one from the doctor. Further stating, the resident does not use the facility doctor. Adding, she just took over the home last and would check with the prior Administrator to see if she has one. On at 5:15 PM, the Administrator and Director confirmed the findings providing no additional documentation. (photographic evidence obtained) Class III	A 010		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician	A 025		

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A 025	Continued From page 20 when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's	A 025		

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A 025	Continued From page 21	A 025		

family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.
(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to provide care and services appropriate for 1 of 4 sampled residents and maintained a general awareness in their safety (#1).

Findings:

Review of Resident #1's record revealed a facility admission on . An 1823 health assessment indicated a medical history of , , , , , moderate-severe cognition, gait slow and steady. Her activities of daily living revealed supervision for ambulation and needs assistance with bathing, , self-care, toileting, and transferring.

A hospital report dated stated following issues addressed: , , right , , right and open nondisplaced of , phalanx of right little . Referral to Orthopedic Surgery.

A facility note on at 12:31 PM, staff

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A 025	Continued From page 22 notified Administrator of ˬ and ˬ on right and pinky by text. Staff were asked if the resident had and responded not to their knowledge. A facility note on at 12:38 PM, the family and Nurse Practitioner (NP) notified of situation, no response, sent text and picture. A facility note on at 1:11 & 1:15 PM, the family responded to let them know. The NP was sent the picture and was awaiting her response. A facility note on at 1:32 PM, he asked us to look at the camera to see what may have happened. A facility note on at 2:01 PM, tried to call the NP again and left a voice mail. A facility note on at 4:32 PM, the family sent pictures of left with what looked to be older ˬ of what the other son found. A facility note on at 4:41 PM, let the family know that we did not see any or other concerning things on camera. A facility note on at 5:17 PM, recovered the picture of right that the brother sent to him. A facility note on at 5:19 PM, tried to call but no response, left a voice message for the family to call . A facility note on at 5:30 PM sent a text letting them know we have been unable to reach NP to see what her thoughts were.	A 025		

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A 025	Continued From page 23	A 025		

A facility note on at 5:58 PM, family responded, yes wonder what NP's thoughts are too.

A facility note on at 6:06 PM, let the family know we will keep them in the loop.

A facility note on at 7:01 PM, Director responded and will try to get a hold of NP.

A facility note on at 7:09 PM, received orders from NP and tried to call family with no response.

A facility note on at 7:10 PM, sent text with NP's response - 500 for 10 days, being ordered unless son wants her transported.

A facility note on at 7:45 PM, family respond who will take her to get tomorrow.

A facility note on at 7:47 PM, let them know they can come to us or we will take her.

A facility note on at 8 AM, check in and has gone down.

A facility note on at 8:38 AM, the Administrator stated she has made the Director aware, and they are looking into all aspects to make sure she gets the care she needs.

A facility note on at 8:39 AM, family expressed they feel she on her Informed that we checked this morning and had gone down and did not see any other

A facility note on at 8:42 AM, family asked

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A 025	Continued From page 24 what time imaging would arrive. Informed that we did not have a time. A facility note on at 8:56 AM, due to coloring which NP agreed. The Director stated that she believed someone may have held her too tight as she noticed when they walk with her, they hold her . Adding, her thoughts where she may have almost and caught her pinky trying to brace herself. A facility note on at 9:23 AM, family responded acknowledging the staff walk in front of her when leading and to ask staff to take their time A facility note on at 10:01 AM, family responded looking forward to , results and cause of injury. A facility note on at 9:00 AM, checked in on resident, was a little more down. Sent message to NP about . A facility note on at 10:00 AM, let family know that we will follow up with NP as to why has not been completed. A facility note on at 12:05 PM, let family know have not heard from NP. A facility note on at 2:03 PM informed family that we heard from NP, and she said it had been ordered and it was going to take a few days as they needed authorization due to insurance. Offered 2 options - to send the resident out non-emergency to have the done or his brother could come and take her out.	A 025		

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A 025	Continued From page 25 A facility note on at 6:31 PM, called family to check in with them to see what was decided. A facility note on at 9:55 AM, received a text message that the resident's other son is taking her urgent care. A facility note on at 2:45 PM, received text message that , is completed and her pinky is . The facility's undated report , neglect, and , policy states it is the policy of this company that any reports of , neglect, and/or , be taken seriously and investigated and addressed to the fullest extent possible. Once a report has been filed, we will respond to the concern within 72 hours and begin an investigation including but not limited to: interviewing all parties to collect information pertaining to the incident/concern, completing a follow up pertaining to the incident/concern reported including or up to counseling/training staff, creating a plan or prevention and/or termination. On at 12:25 PM, the POA stated he received a text message from the Administrator stating she was not sure what happened and would follow up with the staff and facility NP. He stated the facility did not properly investigate and it took 3 days before the resident received any medical attention. On at 2:10 PM, Caregiver A stated it's been over a year, and she does not remember much. Adding, she only saw it in the morning while she was helping the resident she said ouch. She then looked at the resident's pinky and saw it was . Further stated, she immediately	A 025		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING - PORT CARDIFF LLC	125 N SPRING LAKE DR ALTAMONTE SPRINGS, FL 32714

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A 025	Continued From page 26	A 025		

called the Administrator to let her know. She said she was not aware of the resident falling and the resident was unable to tell her what happened.

On at 2:51 PM, the Administrator stated there was a lot of in between with the insurance. She said they could not transport because the family did not want to transport her out. Adding, the family wanted to see what the NP said and what the , showed. The Administrator stated the resident's son finally took her to urgent care because of the insurance. The Administrator was asked why the facility waited 3 days to get treatment for Resident #1. She said the protocol states they are to contact the family and they tell them what they want the facility to do. Adding, even though it wasn't a we treated it the same. Further stating, the family lives out of town, so we waited for them to tell us what to do.

The undated protocols policy states if resident is responsive, call the administrator immediately, Administrator will call 911 for hospital transport, staff assist resident and/or family comes to assist.

On at 3:30 PM, Caregiver B stated she did not provide care to Resident #1 and she could walk. Adding, she does know how the resident hurt herself.

On at 3:45 PM, the Administrator stated she could not find any information in the residency agreement on how to provide care when the family does not live close by. Further stating, when asked if the facility did any investigation. She said nothing showed us what happened, it was just a guess of what we thought happened. Adding, she only has 6 staff, and she has text messages from everyone and would print them out. The Administrator later stated she did

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING - PORT CARDIFF LLC	125 N SPRING LAKE DR ALTAMONTE SPRINGS, FL 32714

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 025	Continued From page 27 not document any of the investigation and it was determined that she spoke with each staff on the phone and not by text messages. On at 5:15 PM, the Administrator and Director confirmed the findings. (Photographic evidence obtained) Class III	A 025		