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
	AL11969039	A. BUILDING: _____ B. WING _____	08/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING-PORT MAITLAND LLC	955 STONEWOOD LN MAITLAND, FL 32751

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A 000	Initial Comments A re-licensure survey and generator monitoring was conducted on at Bridgeport Senior Living - Port Maitland. 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 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	A 008		

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A 008	Continued From page 1 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 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	A 008		

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A 008	Continued From page 2 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 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	A 008		

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A 008	Continued From page 3 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 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	A 008		

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A 008	Continued From page 4 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 placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure a health assessment form (1823) was complete for 1 of 3 sampled residents (#3). Findings: Review of Resident #3's 1823 health assessment revealed special precautions was	A 008		

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A 008	Continued From page 5 blank. There was no documentation to indicate the facility contacted a health care provider to obtain the missing information. On at 1:55 PM, the Administrator stated she provided the most recent 1823 for the resident and was unaware the form was incomplete. (photographic evidence obtained) Class III	A 008		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at	A 032		

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A 032	Continued From page 6 risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.	A 032		

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A 032	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to make a daily effort to ensure 2 of 2 sampled residents who was identified as being at risk for elopement had identification (ID) on their person that included their name and the facility's name, address, and telephone number (#2, #3); and failed to have documentation that 1 of 4 sampled staff participated in a minimum of two resident elopement drills each year (Administrator). Findings: 1. On at 9:40 AM, observation of the facility during the tour did not reveal an ID on Resident #2 and #3, both sitting in the common area TV room. Review of Resident #2's 1823 health assessment identified the resident as an elopement risk. On at 11:38 AM, Caregiver A stated she does not have an ID on her because she uses a walker, and she never tried to go out. On at 12:12 PM, Caregiver B stated Resident #2 does not have an ID and does not check for it. Review of Resident #3's 1823 health assessment identified the resident as an elopement risk. On at 11:55 AM, the Administrator stated the residents do not have ID on. Adding, Resident #3 has declined and would no longer be considered an elopement. She further stated, she	A 032		

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A 032	Continued From page 8 has not reached out to the doctor to obtain an updated form. She said Resident #2 uses a walker and does not believe she would get out. On at 12:00 PM, Caregiver B stated Resident #3 does not have an ID on, and she does not check for it. The facility's undated Elopement Policy states if a resident should be lost, Bridgeport Senior Living staff have been trained. There was no further documentation indicating the facility would place an ID on the resident who had eloped or deemed as an elopement risk. 2. Review of the Administrator's record revealed a hire date on . Review of the elopement drills conducted on , , , and did not reveal the Administrator participated. On at 4 PM, the Administrator stated she signed her name at the bottom of the documents. After reviewing, she said oh, she guessed she did not sign. Further stating, she was the one conducting the drills and did not know she needed to sign as a participant. (photographic evidence obtained) Class III	A 032		
A 040 SS=D	429.55(2) F.S. Resident Education- (V (2) VTE CONSUMER INFORMATION.- (a) The Legislature finds that many , (PEs) are preventable and that	A 040		

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A 040	Continued From page 9 information about the prevalence of the could save lives. (b) The term ", " means a condition in which part of the clot breaks off and travels to the , possibly causing . (c) The term " " means , , which is a clot located in a deep , usually in the or arm. The term can be used to refer to , , , or both. (d) Assisted living facilities must provide a consumer information pamphlet to residents upon admission. The pamphlet must contain information about , including risk factors and how residents can recognize the signs and symptoms of . This Statute or Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide a consumer information pamphlet about , including risk factors and how residents can recognize the signs and symptoms of to 2 of 3 sampled residents upon admission (#2, #5). Findings: Review of Resident #2's record revealed a facility admission date on . Review of Resident #5's record revealed a facility admission date on . None of the records had documentation to indicate they were provided with a consumer information pamphlet about , including risk factors and how residents can recognize the signs and symptoms	A 040		

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A 040	Continued From page 10 of . On at 1:55 PM, the Administrator stated it was provided, the company made them aware of it, and the Director handles the admission of new residents. On at 2:10 PM, the Director stated they provided the information with another policy update for the families to sign which would have been provided by the Administrator. Further stating, she did not provide a pamphlet and therefore did not meet the requirements. Class III	A 040		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the	A 093		

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A 093	Continued From page 11 residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food	A 093		

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A 093	Continued From page 12 choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of ˬ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for	A 093		

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A 093	Continued From page 13 obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain a 3-day supply of nonperishable emergency food and water based on the current census. Findings: On at 1:30 PM, observation of the facility's emergency food supply revealed the pantry obtained expired food consisting of: 2 cans pineapple chunks exp 9/2024, 1 box crispy oaks cereal , 1 box honey crunch n oats cereal , 1 box vanilla wafers , 2 boxes graham crackers , 3 containers food thickener exp 11/2024, 2 packs diced pears cups exp 3/2024, 1 pack cherry mixed fruit cups exp , 1 pack pineapple tidbits exp 7/2024, 1 jar grape jelly exp 11/2024, 2 small jars peanut butter exp 9/2024,3 cans sweetened condensed creamer exp 9/2025, 1 large jar peanut butter exp , 1 pack family size vanilla cookies exp , 2 cans chunky chicken soup exp 7/2025, 5 cans mixed vegetables , 2 bags frosted flakes cereal , 1 box raisin bran cereal exp , 2 boxes saltine crackers exp 2/2025, 12 cups snack pack pudding exp 8/2025, 1 jar apple sauce exp 4/2025, 3 cans vegetable beef soup exp 5/2026, 2 cans cream of mushroom soup exp , 1 can tomato soup exp 5/2026, 2 cans cream of chicken exp 5/2026, 5 cans spaghetti & meatballs exp 6/2026, 3 cans chicken & dumplings exp 4/2026, 1 can German bean soup exp 5/2026, 1 can harvest vegetable soup exp , 1 can hearth , soup exp 5/2026, 2 cans original Chilli w/beans exp , 2	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969039	A. BUILDING: _____ B. WING _____	08/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING-PORT MAITLAND LLC	955 STONEWOOD LN MAITLAND, FL 32751

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A 093	Continued From page 14 cans chicken meat exp , and 3 cans tuna exp . The remaining items available in the event of an emergency: 2 cans pineapple chunks, 3 cans Chilli, 8 cans green peas, 1 can tuna, 1 can spam, 3 cans sliced carrots, 2 cans sweet peas, 1 jar grape jelly, 6 packs instant coffee, and 8 small cans V8 vegetable juice. The current census of 6 x 3 gallons of emergency water = 18 gallons. The facility had 11 gallons of water, therefore short 7 gallons. On at 1:45 PM, the Administrator stated the facility recently did a mock survey in preparation for the re-licensure but did not review the expiration date. The administrator stated, she purchased emergency water, but the staff drinks it. (photographic evidence obtained) Class III	A 093		