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
	AL11968886	A. BUILDING: _____ B. WING _____	09/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT LAKEWOOD RANCH	5424 LENA RD BRADENTON, FL 34211

(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 000	Initial Comments A complaint investigation (complaint numbers 2020000103, 2020006295, 2020015460 & 2020015572) was conducted at Inspired Living At Lakewood Ranch on [redacted] until [redacted]. The provider had deficiencies at the time of the visit.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152		

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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that one (resident # 1) of four resident rooms inspected was a safe and decent living environment and free of pests , , ants. Findings Included: During an observation with Staff A at 10:15pm on of Resident #1, ants were observed to be on the resident's arm, on the folding table, on the boxes beside the folding table and on the window sill across the room from where the resident was seated. At 10:18pm on the Corporate Operations , (COS) entered the room and was shown the ants. During an interview with Staff A on at 11pm, Staff A agreed that she did see the ants on the resident and in the resident's room. A review of the book titled "pest sighting log" was conducted on at 12:15am, the folder had a start date of with an entry stating "ants ", then a signature of the exterminator company employee. Following the start date, 36 more entries were noted stating ants in other various rooms with an end date of	A 152		

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A 152	Continued From page 2 During the exit meeting on . . . . . at 1:05am with the Administrator and COS, the Administrator agreed he was aware of ants in the facility and the COS agreed to seeing ants in Resident's #1 room. Class III	A 152		