

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11699074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/25/2022
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOOE, FL 34761		
(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 An unannounced complaint investigation, 2021017462, was conducted at Inspired Living Assisted Living Facility, Ocoee, Florida, on Deficient practices were found at the time of the complaint investigation.	A 000		
CZ821	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; and, (f) Approval of revisions to emergency management plans. (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	CZ821		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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CZ821	Continued From page 1 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 . 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	CZ821			

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CZ821	Continued From page 2 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 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. 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. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: 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	CZ821			

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CZ821	Continued From page 3 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 record reviews and interviews, the facility placed the resident community at-risk (77 residents) by failing to final a report on the Agency for Healthcare Administration electronic reporting system. Finding: On at 6:27 PM, in an interview with the daughter of Resident #1, it was stated her mother was admitted to the hospital on based on a . . . She stated she contacted the facility administrator who reviewed the tape of the	CZ821			

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CZ821	Continued From page 4 incident and told her, "Your mother . . . after another resident pushed her". On . . . , in a record review of the facilities electronic incident reporting system, it did not document an incident report of Resident #1 being pushed by another resident and requiring transfer to a higher level of care. On . . . at 9:30 AM, in an interview with the administrator, when questioned about the incident and filling the electronic report, the administrator stated, "So we have to do a report every time a resident is sent out"? The agency asked if the resident was sent out due to a prior condition that caused the . . . and she stated, "She was unsure". On . . . , in a record review of the facilities electronic incident reporting system, it documents the facility has filed 7 reports, since . . . , for resident . . . which required transportation to a higher level of care. On . . . at 9:53 AM, in an interview with Nurse I, she stated she made the assessment on Resident #1 after she . . . and the resident appeared . . . , so she made the decision to call 911. She stated the incident was witnessed by the activity coordinator. On . . . at 10:21 AM, in an interview with the assistant activity coordinator, she stated she did witness the . . . by Resident #1 on She stated she observed Resident #1 stand from her wheelchair and go to hug another resident. She stated the other resident pushed Resident #1 backwards causing her to . . . On . . . at 3:30 PM, in an interview with the administrator, it was reviewed the requirements of	CZ821			

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STREET ADDRESS, CITY, STATE, ZIP CODE

INSPIRED LIVING

**1061 TOMYN BLVD
OCOE, FL 34761**

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CZ821	Continued From page 5 filing an electronic incident report with the Agency. It was noted by the Agency that reports are filed that require a resident to be transferred to a facility which provides more acute care due to the incident rather than the residents condition before the incident. The administrator stated she would address the concerns and file the report with the agency. Unclassified	CZ821		