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
	AL11967925	A. BUILDING: _____ B. WING _____	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LADY LAKE SENIOR LIVING	930 COUNTY ROAD 466 LADY LAKE, FL 32159

(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
CZ819	408.810(9) FS Minimum Licensure Req - Financial Viability 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license. (9) A controlling interest may not withhold from the agency any evidence of financial instability, including, but not limited to, checks returned due to insufficient funds, delinquent accounts, nonpayment of withholding taxes, unpaid utility expenses, nonpayment for essential services, or adverse court action concerning the financial viability of the provider or any other provider licensed under this part that is under the control of the controlling interest. A controlling interest shall notify the agency within 10 days after a court action to initiate bankruptcy, foreclosure, or eviction proceedings concerning the provider in which the controlling interest is a petitioner or defendant. Any person who violates this subsection commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Each day of continuing violation is a separate offense. This Statute or Rule is not met as evidenced by: Based on record review and interview, the controlling interest failed to notify the Agency for Health Care Administration (AHCA) of evidence of financial instability, including liens and unpaid fines. Findings include: Review of public records available on the Internet website of the Clerk of the Circuit Court and	CZ819		

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CZ819	Continued From page 1 Comptroller for Lake County, Florida (https://www.lakecountyclerk.org) revealed a construction lien was issued on , by [company name] in the amount of $18,310.00 and remains unpaid; a construction lien was issued on , by [company name] in the amount of $11,530.80 and remains unpaid; a fine was issued on , by The Town of Lady Lake in the amount of $7,500.00 and remains unpaid; and a fine was issued on , by The Town of Lady Lake in the amount of $67,500.00 and remains unpaid. Review of public records available on the Internet website of the State of Florida Division of Corporations (dos.fl.gov/sunbiz) revealed a federal tax lien was assessed on , , by the Department of the Treasury-Internal Revenue Service in the amount of $33,486.89 and remains unpaid; a federal tax lien was assessed on , , by the Department of the Treasury-Internal Revenue Service in the amount of $93,995.48 and remains unpaid; a judgement lien was issued on , , by the State of Florida Department of Revenue in the amount of $5,794.47 and remains unpaid; and a judgement lien was issued on by [company name] in the amount of $11,031.65 and remains unpaid. The review concluded that a total of $249,149.29 in unpaid balances remain on the liens and fines issued to the facility. During an interview on at 11:50 AM, the owner and controlling interest confirmed he did not notify AHCA of any liens and fines placed upon the facility. Class III	CZ819		

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A 000	Initial Comments An unannounced complaint investigation (complaint numbers 2025000279 and 2025000698) was conducted at Lady Lake Senior Living on . . Deficiencies were identified at the time of the survey.	A 000		
A 152	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 to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, 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 3 (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 interview and record review, the facility failed to provide a safe living environment by ensuring that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order. Findings include: Review of facility records revealed fire inspection reports dated , , , , and . The fire inspection reports all documented failed inspections. Review of Fire Inspection report dated read, "The outstanding security door for the memory care is still under special magistrate and town code enforcement Fire Marshall director." Review of Fire Inspection report dated read, "Due the outstanding fire door inspection and the unpermitted construction, the annual fire safety inspection remains in failure status." Review of Fire Inspection report dated read, "A 2nd reinspect for the fire doors within the facility was completed. There were 17 doors that remain with violations. Of the 17 doors only 3 were corrected. An additional reinspect will be completed after the date noted above unless the	A 152		

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A 152	Continued From page 4 facility calls for an earlier inspection. Inspection now fails. If not corrected by next inspection, this may be added to Code Enforcement case. Tried to meet with administrator to get a status of on relocation of doors, due to approaching hurricane, no update could be provided." Review of Fire Inspection report dated read, "A site visit was completed after receiving an email from the hood suppression company that the system may be expired. They advised it was due 30 days ago and had left several messages with no return contact. The hood suppression system was found current ( ) but hood cleaning was found to be past due. Sticker on hood states cleaning was due on . Inspect fails due to hood cleaning. A reinspect will be completed after the date noted above." Review of Fire Inspection report dated read, "A site visit was completed to check on the status of the corridor door relocation project. Once again it has been a long time frame since hearing anything from the facility. This inspector spoke with the facility manager [Administrator's name], who advised another contractor was hired to replace the last [Construction Company's name]." On at 9:20 AM during an interview with the Administrator, he confirmed that the corridor doors in the memory care were relocated and there was no permit obtained prior to construction. He also confirmed that he still has not obtained a permit for the relocation of the door, and recent fire inspection reports reveal the corridor doors are also not up to code at this time. Class III	A 152		