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
	AL11968977	A. BUILDING: _____ B. WING _____	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT BONITA SPRINGS	27221 BAY LANDING DR BONITA SPRINGS, FL 34135

(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 relicensure, emergency power plan, health facility reporting system, visitation form and complaint survey for #2024003742, and #2024015710, was conducted on through , at Inspired Living at Bonita Springs, an assisted living facility in Bonita Springs, Florida. Complaint #2024003742 was substantiated at A 0152. Complaint #2024015710 was substantiated without deficient practice. The following is a description of the deficiency: .	A 000		
A 152 SS=C	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	A 152		

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A 152	Continued From page 1 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. (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, record review, and interview, the facility failed to maintain building reparis to ensure all existing screens are intact, and the resident's closets are maintained in good working order in 7 out of 54 residents' rooms. The findings included: 1. On /2025 at 11:30 a.m., during a tour of the facility, a missing screen panel was observed in a lanai leading out to the courtyard. On at 10:40 a.m., during an interview, the Executive Director said the facility has been trying to get the screen fixed for over a year. The facility has just hired a new Maintenance Director, and he is out on bereavement leave. The screen has been out for over a year. 2. On , during observation of Resident #15's residence, a closet door was observed off	A 152		

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A 152	Continued From page 2 track and hanging open. On at 10:40 a.m., during an interview, the Executive Director said the facility has been fixing the closets as they notice them off track. They are behind on the repairs. There are several closet doors that need to be repaired. On , record review revealed a work order showing 7 residents' rooms have closets in need of repair was provided by the Executive Director. Class III .	A 152		