

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOCHEE, 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 Three (3) Complaint Investigations #2025012697, #2025012778, #2025013682 and generator monitoring was conducted at Inspired Living Ocoee Assisted Living Facility and Memory Care on . The facility had a deficiency at the time of the survey.	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 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			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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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, facility's documentation and interview, the facility failed to ensure that two air conditioner units (mechanical and electrical systems) were in working order as required on the 1st and 2nd floors of the Assisted Living Facility (ALF). Findings: An observation on _____ at 11:58 AM, a temporary air conditioner unit in the conference room located on 1st floor lobby area. During tour of the facility, 11 more temporary air conditioner units were observed throughout the facility's 1st and 2nd floors. There was one (1) temporary air conditioner (A/C) located in the Administrator's office, one (1) on the 1st floor lobby area near the Bistro, four (4) located in the Dining room and five (5) on the 2nd floor, in total 12 temporary air conditioners. There were no temporary air conditioner units in the secured Memory Care. A review of the facility's documentation of emails for proposal request to order new air conditioners as follows: 1. An email dated _____ from company #1	A 152			

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A 152	Continued From page 2 requesting a proposal for the two A/C replacement units for 1st and 2nd floor. 2. An email dated _____ from company #2 requesting a proposal for the two A/C replacement units for 1st and 2nd floor. 3. An email dated _____ from company #3 requesting a proposal for the two A/C replacement units for 1st and 2nd floor. The finalized email dated _____ (same day of complaint investigation visit to the facility) choosing company #2 to replace two A/C units for 1st and 2nd floor paying a cost of \$23,795.00. There was no documented evidence that the facility attempted to expedite delivery in the last 4 months for the two new permanent A/C units for the 1st and 2nd floors. On _____ at 2:45 PM, an interview with the Maintenance Director confirmed that the two A/C units for 1st and 2nd floors stopped operating sometime at the end of _____ (4 months ago) and immediately ordered the 12 temporary air conditioners until the two new A/C permanent units were delivered. On _____ at 4:31 PM, an interview with the Administrator confirmed that the installation of the new A/C permanent units will be installed on _____ provided in writing from company #2. (Photographic Evidence Obtained) Class III	A 152			