

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 R 12/17/2025
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 A second revisit to 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 an uncorrected 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 height 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	{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 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: DEFICIENCY REMAINED UNCORRECTED Based on observation, facility documentation and interviews, the facility failed to ensure the air conditioner unit (mechanical and electrical systems) were in working order as required on the 2nd floor of the Assisted Living Facility (ALF). Findings: An observation on _____ at 3:35 PM, revealed a total of 5 temporary air conditioner units located on the 2nd floor. The first unit was observed immediately exiting the elevator in the common area, 3 additional units upon exiting the elevator to the right near the piano in the common sitting area, and 1 unit exiting the elevator to the left near On _____ at 3:17 PM, the Regional Plant Operations _____ stated they've all been replaced with (4) RTU roof top units. Further stating, 1 unit has a faulty part and we're waiting for the manufacturer and installers to repair and/or replace it. Adding, the 2nd floor is where the unit is located with the faulty part. On _____ at 3:45 PM, the resident of _____ stated the unit outside of her room in the common	{A 152}			

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{A 152}	Continued From page 2 area has been there for a while. She explained the noise does not bother her when her door is closed and she can't hear it at night while sleeping. The Administrator was asked to provide the documentation to support the 4 replaced units as previously stated. On at 3:58 PM, the Administrator stated he's waiting for the company to send over the paperwork. Further stating, the work was not completed in as originally planned due to the company having to wait to receive the units. The work was started this past Monday, referring to . On at 4:45 PM, the Regional Compliance Director stated they're not able to get receipts due to the workers just finishing today and have not turned in their paperwork. In addition, there were only 2 units replaced and the 3rd unit on the 2nd floor requires repair or replacement, which is the one that's not working. The 4 existing units did not have any issues. On at 3:43 PM, the Administrator provided the documentation via email dated which stated Inspired Living Windermere - 3 RTU replacements & installations/ job complete. On page 17 of 20 states project proposal dated read Facility Guard is pleased to submit our proposal to replace the wrong RTU that was installed. Our proposed scope of work includes we will remove the Daikin RTU labeled and we will install a properly formatted DOAS Captive Aire unit. Unit is on order; lead time is approximately 8 to 10 weeks.	{A 152}			

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{A 152}	Continued From page 3 On at 4:32 PM, the Administrator confirmed the information on page 17 pertained to the replacement of the unit for the 2nd floor. On at 4:40 PM, the Administrator and President of Distinctive Living confirmed the findings. (photographic evidence obtained) Class III	{A 152}			