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 _____ | R 03/04/2026 |

| 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 |
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| {CZ819} | 408.810(9) FS Minimum Licensure Req - Financial Viability<br><br>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.<br><br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>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.<br><br>Findings Include:<br><br>Review of the facilities administrative records conducted on March 4, 2026 revealed no | {CZ819} | | |

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| {CZ819} | Continued From page 1<br><br>documentation evidence of notification to the agency of a construction lien issued on March 8, 2023, by [company name] in the amount of $18,310.00 and remains unpaid; a construction lien issued on July 11, 2023, by [company name] in the amount of $11,530.80 and remains unpaid; a fine issued on December 14, 2023, by The Town of Lady Lake in the amount of $7,500.00 and remains unpaid; and a fine issued on October 24, 2024, by The Town of Lady Lake in the amount of $67,500.00 and remains unpaid found on the Internet website of the Clerk of the Circuit Court and Comptroller for Lake County, Florida (https://www.lakecountyclerk.org). In addition, there was no documentation evidence of notification to the agency of federal tax lien assessed on November 13, 2023, by the Department of the Treasury-Internal Revenue Service in the amount of $33,486.89 and remains unpaid; a federal tax lien assessed on February 26, 2024, by the Department of the Treasury-Internal Revenue Service in the amount of $93,995.48 and remains unpaid; a judgement lien issued on June 12, 2024, by the State of Florida Department of Revenue in the amount of $5,794.47 and remains unpaid; and a judgement lien issued on August 30, 2024 by [company name] in the amount of $11,031.65 and remains unpaid found on the Internet website of the State of Florida Division of Corporations (dos.fl.gov/sunbiz).<br><br>During an interview conducted on March 4, 2026 at 11:41 AM, the Administrator stated, "I don't have the documentation to prove that I have sent it to the [Licensure] unit; I only sent it to the field office."<br><br>Class III | {CZ819} | | |

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| {A 000} | Continued From page 2 | {A 000} | | |
| {A 000} | Initial Comments<br><br>An unannounced revisit to a complaint investigation (complaint numbers 2025000279 and 2025000698) was conducted at Lady Lake Senior Living on 3/4/26. Deficiencies were identified at the time of the survey. | {A 000} | | |
| {A 152} | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(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:<br>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,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, chest or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the | {A 152} | | |

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| {A 152} | Continued From page 3<br><br>event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(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 threadbare.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, interview, and observation, the facility failed to maintain the physical environment in good repair and ensure life safety compliance regarding the installation and certification of fire-rated doors in the Memory Care unit.<br><br>Findings Include:<br><br>A review of facility records conducted on 3/4/26 revealed a budget proposal/contract from [name of General Contractor] for "Security Door Replacement/Installation" that was unsigned. There was no documentation evidence of a passed Fire re-inspection report of the outstanding security doors for the memory care.<br><br>During an interview on 3/4/26 at 12:11 PM, the Administrator stated, "The project is being fixed right now, but there has been a very long delay in the procurement and installation process. After installation, we will hire a 3rd party company to conduct a fire door inspection before the county can conduct a final inspection."<br><br>Class III | {A 152} | | |