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
	AL11966804	A. BUILDING: _____ B. WING _____	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEDGE MANOR	12006 MCINTOSH ROAD THONOTOSASSA, FL 33592

(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 complaint investigation (complaint number 2026008780) in conjunction with a generator monitoring survey was conducted at Ledge Manor on . Deficiencies were identified at the time of survey.	A 000		
A 120 SS=H	429.17(3) .275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to operate on a sound financial basis to	A 120		

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A 120	Continued From page 1 meet the facility's financial to avoid past due payments with potential for utility disconnection, placing all 65 residents at risk of physical or emotional harm. Findings included: A record review of the facility's current electricity bill revealed a statement date of for a total amount due of $10,576.51, of which $5503.25 was listed as past due. A record review of the facility's prior electric bills revealed the following: - statement date with a total amount due of $11,110.50, of which $5503.25 was past due. - statement date with a total amount due of $13, 281.30, of which $$5810.50 was past due. - statement date with a total amount due of 14,419.33, of which $8281 was past due. During a call conducted on at 10:43 a.m. an electric company representative said the facility had received a disconnect notice on but subsequently made two payments. Additionally, the representative said the total account balance due was $10,576.51, of which $5199.15 was past due. A record review of the facility's cable bill was attempted but never received. A record review of the facility automated door invoice revealed the following: - An initial invoice dated with terms listed as "due upon receipt" for a total of $3,907.41. - A final invoice that included "administrative	A 120		

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A 120	Continued From page 2 collection/legal fees" for $1,002.38 and a total amount due of $4,984.97. During an interview on at 11:08 a.m. the door security vendor representative reported the company had to go to small claims court due to an unpaid invoice with the facility. The representative reported the company had attempted to serve the facility owner but could not locate the owner. The representative reported the past due fees were for work performed as well as equipment for two automated front doors and another entrance for the facility. During an interview on at 12:30 p.m. the Executive Director said she did not pay bills at the facility but would request access to do so to rectify the delinquencies. Additionally, the Executive Director said she could not provide a cable bill because she did not have the information required by the cable company in order to get a copy of the invoice. Furthermore, the Executive Director reported electric was required for operation of the well that provided the facility water. Photographic evidence obtained. Class II	A 120		
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,	A 152		

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A 152	Continued From page 3 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. (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 record review and interview, the facility failed to maintain the physical plant in a safe and properly maintained condition affecting all 65 residents. Findings included:	A 152		

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A 152	Continued From page 4 A record review of the "Fire Rescue Licensed Facility Inspection" dated , conducted on , revealed multiple life safety code deficiencies throughout the facility. The deficiencies included unauthorized combustible storage in the electrical room; deficiencies in commercial kitchen hood and duct cleaning; a missing electrical junction box cover plate; fire alarm system maintenance deficiencies; an unsecured fire alarm circuit breaker; a missing wet chemical fire extinguisher; non-illuminated exit signs; emergency lighting deficiencies; overdue fire sprinkler inspection/testing; and missing sprinkler escutcheons in . During an interview on at 12:41 a.m., the Administrator confirmed the violations were identified during a recent fire inspection. The Administrator stated the corrective actions had already been initiated and were in progress of completed prior to the re-inspection scheduled for . Class III	A 152		