

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/15/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969074</b>        | (X3) DATE SURVEY COMPLETED<br><br><b>01/12/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INSPIRED LIVING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1061 TOMYN BLVD<br/>OCOE, FL 34761</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Complaint Investigation #2017011916 was conducted on _____, _____, and _____.<br/>Inspired Living, License #12906, had a deficiency at the time of the investigation.</p> <p><b>0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC</b></p> <p>Based on observations, record reviews and interviews, the facility failed to provide adequate supervision to a resident (#4) who had a history of _____ and poor gait.</p> <p>Findings:</p> <p>On _____ at 12:10 p.m., caregiver D said resident #4 was in her _____. Observations revealed her door was closed. The resident granted permission to enter the _____. However, the _____ was locked. Assistance was requested from the memory care director to unlock the _____. The memory care director said she hoped resident #4 did not get up to open the door. When the door was unlocked and opened, observations revealed resident #4 was sitting on the floor with her legs stretched out in front of her. The director asked resident #4 if she got up to answer her door, and she said yes. Caregiver C said that was why the staff did not knock on the resident's door because she would get up to answer it. Observations made of resident #4 after she was assisted off the floor revealed her body was rigid and she leaned back as she walked. She required two caregivers to walk behind her and provide support to her back with their hands.</p> <p>Resident #4's record revealed a health assessment form 1823, dated on _____, that indicated she had a memory _____, her right knee did not bend due to a previous _____ and _____, and she required a secured memory care unit.</p> <p>In addition, the record for resident #4 revealed the following:</p> <p>On _____ at 9 a.m., she was observed sitting on her _____ on the floor.</p> <p>On _____ at 6:10 a.m., she was heard calling for help. She was observed sitting on the floor.</p> <p>On _____ during the 7 a.m.-3 p.m. shift, her gait was very unsteady and _____ was noted to her legs that resulted from a _____.</p> <p>On _____ during the 3-11 p.m. shift, her gait was very unsteady.</p> <p>On _____ at 11:10 p.m., she was heard calling. She was observed sitting on the floor in her doorway. She was reminded to use her walker.</p> <p>A home health physical _____, evaluation, dated on _____, indicated she had a decline in her _____.</p> |                                                                                    |                                                     |

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| <p>transfers and gait with a _____ to her left knee.</p> <p>On _____ during the 7 a.m.-3 p.m. shift, she was found sitting on the floor in her doorway. A small amount of _____ was noted on her right forehead.</p> <p>On _____ during the 7 a.m.-3 p.m. shift, she was observed on the floor.</p> <p>On _____ at 6:10 a.m., she was observed on the floor in her _____. She wore socks and had no additional clothing on. The _____ was over her legs and she had feces smeared on the _____.</p> <p>Observations made of resident #4 on _____ at 1:23 p.m. revealed she was unsupervised and sitting in a recliner in her _____ the door closed.</p> <p>During an interview with the memory care director on _____ at 1:45 p.m., she said resident #4 had a private caregiver almost every day for 5-7 hours. She was unsure why a private caregiver was not present on that day or whether it was one of the days a private caregiver was scheduled. She said the resident's memory _____ did not allow her to sit longer than 15-30 seconds before she stood up. She was aware the resident was in her _____ at 1:23 p.m., and said it was because when the resident was out of her _____, she tried to stand and return to her _____.</p> <p>Observations made of resident #4 on _____ at 4:15 p.m. revealed she was sitting in a wheelchair in the activity _____. She continuously stood up and was instructed each time by staff to remain seated.</p> <p>Class II</p> |                                                                                    |                                                     |