STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969074	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1061 TOMYN BLVD** **OCOEE, FL 34761**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint Investigation #2018003176 was conducted on . . . . . and . . . . . Inspired Living, license #12906, had a deficiency at the time of the investigation.

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC

Based on record reviews and interview, the facility failed to provide a full report to the Agency within 15 days of an event that was reported to law enforcement.

Findings:

Resident #6's record contained a facility observation note, dated on . . . that indicated staff reported to the nurse that another staff member was inappropriate with two residents.

A late entry observation note, dated on , indicated the alleged event was reported to law enforcement on . . . . .

Review of a preliminary adverse incident report revealed the facility reported the incident to the Agency on .

On at 11:30 am, a request was made to review the required 15-day full report. The memory care director said the previous nursing director was responsible for filing adverse reports with the Agency and the administrator was unable to access the Agency's internet site and unable to locate a 15-day report in the facility.

Unclassified