

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968977	(X3) DATE SURVEY COMPLETED 02/18/2019
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT BONITA SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 27221 BAY LANDING DR BONITA SPRINGS, FL 34135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR#2018017077 and CCR#2019000190 was conducted on _____ at Inspired Living At Bonita Springs, an assisted living facility (license #12802) in Bonita Springs, Florida. CCR#2018017077 contained two allegations of which one was substantiated with a deficiency. CCR#2019000190 contained one allegation which was unsubstantiated. The following is a description of the deficiency. 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and staff interview, the facility failed to maintain their call light system that is located in the residents' bathrooms. The findings included: On _____ at 9:21 a.m., Resident #1's call light cord was pulled in her bathroom. At 9:35 a.m., no staff answered this call light. At 9:35 a.m., Staff A and Staff B both said they did not have any notice showing Resident #1's bathroom call light was on. They said their i-pods give them the notice when a resident pulls the cord in their bathrooms. They both reviewed their i-pods. Staff A and Staff B confirmed both their i-pods were not working and would not know if any resident call lights were on. Observation of these two i-pods showed the call light in Resident #1's bathroom did not notify the staff. On _____ at 9:40 a.m., the Administrator reviewed the computer that was mounted in the hallway. She confirmed the call light system was down. The Administrator and staff were not aware their call light systems in the resident bathrooms were not working. Class III		