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
	AL11968462	A. BUILDING: _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATED ESTATES SPRING HILL LLC	8239 CESSNA DR, SPRING HILL, FL 34606

(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 An unannounced complaint investigation (complaint numbers 2024001652 and 2024003655) and a Generator Assessment were conducted at Elevated Estates Spring Hill, LLC on , , . The allegations in the complaints were not substantiated. Deficiencies were identified at the time of the survey.	A 000		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used	A 093		

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
	AL11968462	A. BUILDING: _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATED ESTATES SPRING HILL LLC	8239 CESSNA DR, SPRING HILL, FL 34606

(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 093	Continued From page 1 by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.	A 093		

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
	AL11968462	A. BUILDING: _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATED ESTATES SPRING HILL LLC	8239 CESSNA DR, SPRING HILL, FL 34606

(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 093	Continued From page 2 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _____ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on _____. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has _____ with residents to serve, must be on _____ at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure food is served at a safe and palatable temperature, failed to serve the standard minimum portions of food	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968462	A. BUILDING: _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATED ESTATES SPRING HILL LLC	8239 CESSNA DR, SPRING HILL, FL 34606

(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 093	Continued From page 3 according to the facility's menu, and failed to ensure a three-day emergency supply of nonperishable food was readily available for the number of current residents. This had the potential of affecting all 61 residents currently residing at the facility. Findings Include: 1. On at 11:27 AM, during an interview with Staff A, Medication Technician, she stated, "My concern is the food and how it is being served. Sometimes we run out of food. The food is prepared at the other facility and then brought over for lunch and dinner. No, we do not have a way of measuring what we are serving. This has been going on for about a month or so." On at 11:34 PM, during an interview with Staff B, Resident Care Aid, he stated, "We sometimes run out of food. For the last few weeks, the food has been prepared at the other facility and brought over. We do not have a way of measuring what we are serving, and residents complain about the food being when they get it. By the time I get to Building 6 with the food, sometimes it is not enough, and I must find something else or make a sandwich. I am not sure why they don't use the kitchen here, they just started bringing food from the other place." On at 11:00 AM, during an interview with the Activities Director, she stated she was not sure why they are not using the kitchen. She stated the kitchen is only used for breakfast. The other meals are brought over from their sister facility. On at 11:30 AM, during an interview with Resident #4, he stated, "The food is and	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968462	A. BUILDING: _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATED ESTATES SPRING HILL LLC	8239 CESSNA DR, SPRING HILL, FL 34606

(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 093	Continued From page 4 not enough is given at meals." On . . . . . at 12:08 PM, during an interview with Resident #5, he stated, "I have lived here for seven years, and I live in House 3. My complaint is, like everyone else here, about the food. It does not match the menu, it's . . . when it gets here and not enough. Three or four weeks ago they ran out of food at dinnertime. Houses 2 and 3 got served. My house finally got dinner around 7:00 PM that night." On . . . . . at 12:25 PM, during an interview with Resident #6 he stated, "I have lived here for six months." When asked about the food, Resident #6 stated, "It's not hot and too greasy. It made me sick one night and I was up all night throwing up". On at 12:12 PM, an observation of the facility's kitchen was conducted with the Dietary Manager and revealed no food was being prepared. Food was observed in serving pans inside two black containers on rolling carts with a tape label on one container that read "1,2,3" and a tape label on the other container that read, "4,5,6." (Photographic evidence obtained.) On . . . . . at 12:18 PM, during an interview with the Dietary Manager, he stated, "Only breakfast meals are prepared in this kitchen. The food for lunch and dinner is coming from the other community and transported over. Sometimes I go pick it up or someone brings it over. The food is coming over in a serving pan and then it is placed in the insulated food once it arrives. I don't reheat the food once it arrives, it is just put into the food . We keep it in the insulated food to try to keep it hot. There are no serving utensils with portions sizes,	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968462	A. BUILDING: _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATED ESTATES SPRING HILL LLC	8239 CESSNA DR, SPRING HILL, FL 34606

(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 093	Continued From page 5 the staff serve the food. I am not sure why we don't utilize the kitchen." Review of facility's menus dated " - " revealed Week 4 documented "Tuesday Lunch 1 c [cup] Rotini/Sausage & Peppers, ½ c Roasted Yams, ½ c Baked Season Squash, and ½ c Mixed Berry Cobbler." On at 12:40 PM during a lunch meal observation in Building 4, Staff A, Medication Technician was observed preparing food to be served to the residents. Food pans were sitting directly on the counter and staff scooped food out of the pan with a medium size spoon and placed each scoop of food on individual plates. There was no serving size measurement observed on the serving utensil. On at 12:45 PM, during an interview with the Administrator, she stated, "Two weeks ago we stopped using the kitchen at the facility. There was a staffing issue, since the census was so low here, we realized that the food could just be brought over instead of having it cooked. The staff serve the food in each building and are responsible for portioning the food. The staff serve breakfast, lunch and dinner. The food is cooked, placed in serving pans, and staff transport the food from the sister community in serving pans using the facility's transport van." 2. On at 12:22 PM, an observation of the facility's emergency food supply was conducted with the Dietary Manager and revealed one storage shelf identified as the emergency food supply. Items on were 1 case of chunk light tuna, 1 case of chicken noodle soup, 2 cans of beef ravioli and meat sauce, 2 cases of	A 093		

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
	AL11968462	A. BUILDING: _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATED ESTATES SPRING HILL LLC	8239 CESSNA DR, SPRING HILL, FL 34606

(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 093	Continued From page 6 applesauce, 1 case of tropical fruit, 4-cup noodles, 1 case of iced tea, 1 case of malted milk, coffee, canned sports drink, and canned cream soda. (Photographic evidence obtained.) On at 12:24 PM, during an interview with the Dietary Manager, he stated, "I don't think that is enough food for three meals a day for the number of residents we have. I will need to order more." On at 12:45 PM, during an interview with the Administrator, she stated, "If that is all the emergency supply we have, then I do not think it is enough." The facility's emergency food supply policy and procedure was requested but not provided. Class III	A 093		