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
	AL11969246	A. BUILDING: _____ B. WING _____	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATED ESTATES EDWINOLA LLC	14235 EDWINOLA WAY DADE CITY, FL 33525

(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 (#2025000082) in conjunction with a generator monitoring visit was conducted at Elevated Estates Edwinola on - . Deficiencies were identified at the time of the visit.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain daily Medication Observation Records (MORs) that were updated accurately when medications were not given to one (Resident #1) of one sampled residents. Findings included: A record review conducted on of MORs for Resident #1, revealed blanks with no comment code or staff initials next to multiple prescribed medications. There were no exceptions or follow up/chart codes noted. There were also multiple prescribed medications that were marked as "Medication Not Available". An observation of the medication cart was conducted on at 11:20pm. Resident #1 did not have all of their prescribed medications on the cart. In an interview conducted on at 11:13pm with Staff B, they stated that they heard from other medication technicians that Resident #1 was missing all of their medications. In an interview conducted on at 2:15am with the Regional Wellness Director, they stated that there are holes in the MOR and missing medications for Resident #1. They also stated that there is no excuse for missing medications and holes in the MORs.	A 054		

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A 054	Continued From page 2 Class III	A 054		