

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969246	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/02/2025
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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 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for, . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxed, or electronic copy of a medication order issued and signed by	A 056		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 056	Continued From page 1 the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S.,	A 056			

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A 056	Continued From page 2 before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to have medications available at the time of medication pass for one resident (#9) of three sampled resident that required assistance with self-administration of medications. Findings included: During an observation of the medication pass with Staff B (an unlicensed Medication Technician) for Resident #9, conducted on at 1:28 pm. Staff B was unable to give resident his Tab 12.5 Milligrams (MG) due to it being finished. During an interview conducted with the Wellness Director on at 4:15 PM, the Wellness Director stated residents should not run out of medication. The Wellness Director explained that when a resident's medication supply was running low, staff are expected to notify the appropriate management so that appropriate steps can be taken to ensure timely refills and continued administration without interruption. During an interview on at 4:38 PM the Chief Wellness Director stated residents' medications should be available at all times to ensure continuity of care. However, the Chief Wellness Director noted that Resident #9 used an outside pharmacy and provided own medication by request.	A 056		

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A 056	Continued From page 3 Class III	A 056			

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ZZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of ; (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with 's or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 1 employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with _____'s or related forms of _____, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training: 1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d). 2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of _____-specific training. Such training must include, but is not limited to, understanding _____ and related forms of _____, the stages of _____'s communication strategies, medical information,	ZZ875			

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ZZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or on-experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning . chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	ZZ875			

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ZZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, _____, or referred to provide services before _____, must complete the training required in this section before _____. Proof of completion of equivalent training completed before _____ shall substitute for the training required in subsection (4). Each person employed, _____, or referred to provide services on or after _____, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete the initial training required within three months of hire, the four-hour training within six months, nor the annual four-hour refresher training as mandated, regarding _____ and related _____ (ADRD) for one employee (Staff A) of three sampled employees. Findings included: A record review for Staff A, conducted on _____, revealed there was no evidence in Staff A's employee records that the employees completed ADRD initial training required within	ZZ875			

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ZZ875	Continued From page 4 three months of hire, the four-hour training within six months, nor the annual four-hour refresher training. Staff A was hired on During an interview on at 2:26 p.m., Chief of the Business Office stated Staff A had not completed the required 's and Related (ADRD) training. Specifically, Staff A did not complete the initial training required within three months of hire, the four-hour training within six months, nor the annual four-hour refresher training as mandated. Class III	ZZ875		

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A 000	Initial Comments A complaint investigation (#2025010751, #2025012268, and #2025013405) in conjunction with a generator monitoring visit was conducted on _____ at Elevated Estates Edwinola. The facility had deficiencies at the time of the survey.	A 000		
A 052 SS=D	429.256(_____); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an _____ syringe that is prefilled with the proper dosage by a pharmacist and an _____ that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's _____ or placing the dosage in another container and helping the resident by lifting the container to his or her _____ (d) Applying _____ medications. (e) Returning the medication container to proper _____	A 052		

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (4) Assistance with self-administration of medication does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____, or _____ preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or	A 052			

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A 052	Continued From page 2 discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from	A 052			

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A 052	Continued From page 3 facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to remove medications in front of the resident and advise of the medication name and dosage for one resident (Resident #14) of two sampled residents that required assistance with self-administration of medication .	A 052			

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A 052	Continued From page 4 Findings included: On at 11:52 a.m. through 11:58 a.m. an observation of the medication pass for Resident #14 with Staff A (unlicensed Medication Technician) was conducted. Staff A placed pills into the cup at the medication cart in the hallway when Resident #14 was in the room with the door closed. Staff A entered the room and did not tell Resident #14 what medication or dose given. On at 11:52 a.m. an interview was conducted with Staff A. Staff A stated they had been approved to pop medications in the hallway by the memory care Resident #14 who knew Staff A was coming in with the pills. Staff A then asked the surveyor if they were allowed to do that before Staff A apologized. On at 1:48 p.m. an interview was conducted with the Wellness Coordinator. The Wellness Coordinator stated Medication Technicians should pop medications in front of the resident and tell them the name of the medication and dose given. Class III	A 052			
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their	A 055			

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A 055	Continued From page 5 rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling	A 055			

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**14235 EDWINOLA WAY
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A 055	Continued From page 6 pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may be disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by:	A 055		

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A 055	Continued From page 7 Based on observation and interview, the facility failed to keep centrally stored medications locked and secured at all times. Findings included: On at 1:22 p.m. an observation of the unlocked Wellness Office was conducted. There were no staff present in the office, a resident and an unknown third party representative outside the door in the hallway just outside the office door. The office had resident medication pill packs on the desk, stacked on top of a three-drawer organizer, and within a basket on top of the organizer behind the desk. Surveyor documented and photographed all medications without staff entering the office. (Photographic evidence obtained.) On at 1:30 p.m. an interview was conducted with the Corporate Nurse after surveyor went to get staff to assist. The Corporate Nurse said the door should always be kept locked when staff are not present and was in the process of training the team. Class III	A 055			
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a	A 056			

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A 056	Continued From page 8 resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxed, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by	A 056			

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A 056	Continued From page 9 telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure that	A 056			

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A 056	Continued From page 10 prescriptions for residents who received assistance with self-administration of medication were refilled in a timely manner for four (Resident #9) of six sampled residents; and based on interview and record review the facility failed to ensure that prescriptions for residents who received assistance with self-administration of medication were refilled in a timely manner for three (Resident #11, Resident #13 and Resident #14) of six sampled residents; and based on record review and interview the facility failed to contact the health care provider to ensure directions for as needed medications were specific and ensure directions for medication labels matched the medication orders for one (Resident #14) of six sampled residents. Findings included: On at 1:28 p.m. an observation of the medication pass for Resident #9 was conducted with Staff B (an unlicensed Medication Technician). Staff B was unable to give the ordered tablet because it was unavailable. On at 11:58 a.m. an observation conducted during the medication pass for Resident #14. The Medication Observation Record showed " tab 250mg DR and to take one tablet by at 8am and 12 pm". The medication pack with a single pill per slot revealed " tab 250mg DR, Take one tablet by at 8am and 12 pm ; take two tablets by at bedtime." There was another pill pack in the drawer with two pills in each slot that said " tab 250mg DR, take one tablet by at 8am, 12pm and take two tablets by at bedtime."	A 056			

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A 056	Continued From page 11 On _____ at 4:15 p.m. an interview with the Wellness Director was conducted. The Wellness Director stated that residents should not run out of medication and steps should be taken to prevent it. On _____ at 4:15 p.m. an interview with the Chief Wellness Director was conducted at 4:38 p.m. The Chief Wellness Director stated that resident medications should be available and thought Resident #9 used an outside pharmacy. On _____ an attempted record review of the notification to physicians for order clarifications was requested but not received for Resident #11, Resident #13 and Resident #14. On _____ a record review of the Medication Observation Records (MOR) for Resident #11 was conducted. The MOR revealed an order for _____ that was not given and noted with an exception "Needs Pharmacy Clarification" for _____. On _____ a record of the MOR for Resident #13 was conducted. The MOR revealed an order for _____ that was not given at 8:00 p.m. from _____ through _____ and noted with an exception "Needs Pharmacy Clarification." On _____ a record review of the MOR for Resident #14 was conducted. The MOR revealed an order for _____ gel to "apply to affected area 2 grams four times a day." Additionally, the gel was not given on all doses ordered on _____ through _____, _____ and _____. On _____ an attempted record review of the	A 056		

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A 056	Continued From page 12 facility medication refill policy and procedure was requested and not received. On at 4:18 p.m. an interview with the Health and Wellness Director was conducted. The Health and Wellness Director agreed a medication error could happen with Resident #14 having two different pill packs in the drawer and that the label on the medication should match the dose ordered and not have all three doses on each pill pack. On at 4:41 p.m. an interview with the Chief Wellness Director was conducted. The Chief Wellness Director stated medications should be refilled timely for all residents and the facility needed more documentation on order refills and clarifications attempted. Photographic evidence obtained. Class III	A 056			
A 093 SS=D	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.firules.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:	A 093			

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A 093	Continued From page 13 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 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	A 093			

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A 093	Continued From page 14 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. 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 _____	A 093		

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A 093	Continued From page 15 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, record review and interview the facility failed to ensure resident nutritional needs were met by ensuring food was served attractively and at safe and palatable temperature, and failed to serve the minimum portions of food according to the menu for all residents. Findings included: On at 11:27 a.m. an observation of the memory care unit was conducted. Residents were seated at tables eating lunch. Some plates contained clear saran wrap on half of the plate or covering the slaw portion on the plate. There was sliced sausage, one pierogi and dark red, beet-colored slaw. The full amount of slaw remained on all plates except one. Other trays not yet served remained on a tray in the dining room with clear plastic wrap covering them. (Photo evidence obtained.) On a record review of the facility food health inspection by a local agency was conducted. The inspection dated was marked as unsatisfactory and referenced food not received at proper temperature. (Photo evidence obtained.)	A 093		

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A 093	Continued From page 16 On _____ at 10:40 a.m. an interview with Resident #15 was conducted. Resident #15 complained that the food was _____ most of the time. On _____ at 10:15 a.m. an interview with Resident #16 was conducted. Resident #16 stated the food was smaller portions and that was coming from someone that did not eat much. Additionally, Resident #16 said not everyone got the same portion size and the dining room residents received more food. On _____ at 10:31 a.m. an interview with Resident #17 was conducted. Resident #17 stated the kitchen was short staffed and it could take an hour to get food, and it was not always hot. On _____ at 11:02 a.m. an interview with Resident #12 was conducted. Resident #12 stated they had lost _____ due to not liking the food served. On _____ at 11:05 a.m. an interview with Resident #3 was conducted. Resident #3 stated the food was horrible. On _____ at 11:29 a.m. an interview with Resident #4 was conducted. Resident #4 stated the food was terrible. On _____ at 10:15 a.m. an interview with Resident #5 was conducted. Resident #5 stated the food was barely edible. On _____ at 10:39 a.m. an interview with Staff C was conducted. Staff C stated they would not eat the food at the facility but felt the portion	A 093		

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A 093	Continued From page 17 sizes were small. On at 12:01 p.m. an interview was conducted with Staff F. Staff F said the food was not good at all. Staff F stated portions were less than what you would feed to a toddler. Additionally, Staff F stated the portions were not fair and smaller for anyone that did not eat in the dining room. On at 1:58 p.m. an interview was conducted with the Chief of Culinary. The Chief of Culinary stated the residents received one pierogi for lunch and were supposed to get two large ones or three to five small ones. Additionally, The Chief of Culinary said they had a new cook who prepared the plates for floor delivery and plated the meals incorrectly, and it was not caught until meals were delivered. The Chief of Culinary stated someone should have overseen the meal preparation and the facility would be retraining staff. Class III	A 093			
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own	A 152			

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A 152	Continued From page 18 belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment that was free of hazards by ensuring all architectural and structural systems were maintained in good working order, which resulted roof leaks in hallways, resident rooms and the dining room and wood decay on the front porch. Findings included: On _____ from 9:45 a.m. until 4:53 p.m. an observation was conducted of the facility. The	A 152			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969246	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/02/2025
NAME OF PROVIDER OR SUPPLIER ELEVATED ESTATES EDWINOLA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 152	Continued From page 19 following was observed: - Peeling paint and missing popcorn ceiling at the far edge of the room above the bed in with a water stain line. - Brown, stained areas on two tiles next to a missing ceiling tile that exposed wires above in the administrative office area where surveyors worked. - A large area of the ceiling missing in the dining room with a brown wood 2 x 4 that appeared wet, wedged above the open area under a metal air handler, that vented out to the ceiling above a dining room table. - A cut with a crack in the ceiling with a resident dining room table directly underneath on the other side of the dining room. - Near a chandelier in the dining room there was a large brown water stain against the wall above the exit sign and a round hole in the paint and ceiling that bulged directly above resident dining table. - There were multiple brown, circular stains on ceiling tiles throughout the first floor and an area where sprinkler paint was loose around the sprinkler in the resident hallway ceiling. - The foyer had a large water stain with peeled paint that extended from the chandelier base to the wall at the front door, and a water-stained area of the ceiling behind it. - The front porch steps on the side near the parking lot had wood and a top of the step that was loose. - Small areas of rotted wood on the front porch and large pieces of plywood leaned again the side of the building on the porch. On at 3:40 p.m. an interview was conducted with the Administrator. The Administrator said they were working on the air conditioning system and would address leaks.	A 152			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969246	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/02/2025
NAME OF PROVIDER OR SUPPLIER ELEVATED ESTATES EDWINOLA LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 14235 EDWINOLA WAY DADE CITY, FL 33525			
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A 152	Continued From page 20 Photo evidence obtained. Class III	A 152			