

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910431	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/16/2025
NAME OF PROVIDER OR SUPPLIER ELEVATED ESTATES OF BROOKSVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 307 HOWELL AVENUE BROOKSVILLE, FL 34601		
(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 re-licensure and complaint investigation (complaint numbers 2025013820 and 2025018004) with Emergency Power Plan monitoring survey was conducted at Elevated Estates of Brooksville on 12/15/25 through 12/16/25. Deficiencies were identified at the time of survey.	A 000			
A 055	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 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	A 055			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 055	Continued From page 1 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 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,	A 055			

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A 055	Continued From page 2 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 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: Based on observation, interview, and record review, the facility failed to ensure medications were centrally stored for 1 of 14 sampled residents (Resident #5) and kept in a locked area at all times. Findings include: During an observation on 12/15/25 at 10:48 AM, an open bottle of Nystatin topical powder was laying in Resident #5's bed (photographic evidence obtained). During an interview on 12/15/25 at 10:50 AM, Resident #5 stated, "I was given the bottle of Nystatin topical powder to use for itching as needed." Review of Resident #5's Health Assessment Form dated 11/20/25 documented that the	A 055			

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A 055	Continued From page 3 resident requires assistance with self-administration of medications. Review of Resident #5's physician orders dated 10/03/25 for Nystatin Powder 100,000 units read, "apply topically to groin rash once daily as needed." Review of Resident #5's Medication Observation Records for November and December 2025 showed no documentation evidence indicating administration of Nystatin powder during that time. During an interview on 12/16/25 at 11:40 AM, the Director of Wellness stated, "[Resident #5's name] requires assistance with self-administration of medication." When asked why Resident #5 had Nystatin topical powder in his bedroom, she stated, "I was not aware of that. He shouldn't have that [Nystatin topical powder]. He must have gotten it from PT [physical therapy], I'll take care of it." Review of the facility's policy and procedure titled "Assistance with Self-Administration of Medication" not dated read, "Storage and Handling of Medications: Medications shall be stored securely in accordance with facility policy and Florida requirements ..." Class III	A 055			