

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966353</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/28/2026</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ELEVATED ESTATES OF NEW PORT RICHEY LLC**

**7423 KAUAI LOOP  
NEW PORT RICHEY, FL 34653**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A complaint investigation (complaint numbers 2026000733) in conjunction with a generator monitoring survey was conducted at Elevated Estates of New Port Richey on .<br>Deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 000               |                                                                                                                          |                          |
| A 052<br>SS=D            | 429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(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.<br>(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.<br>(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 . | A 052               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ELEVATED ESTATES OF NEW PORT RICHEY LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7423 KAUAI LOOP<br/>NEW PORT RICHEY, FL 34653</b> |                                                                                                                          |                          |
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| A 052                                                                              | <p>Continued From page 1</p> <p>(d) Applying , medications.</p> <p>(e) Returning the medication container to proper storage.</p> <p>(f) Keeping a record of when a resident receives assistance with self-administration under this section.</p> <p>(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 .</p> <p>(4) Assistance with self-administration of medication does not include:</p> <p>(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.</p> <p>(b) The preparation of syringes for injection or the administration of medications by any injectable route.</p> <p>(c) Administration of medications by way of a tube inserted in a , of the body.</p> <p>(d) Administration of , preparations.</p> <p>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.</p> <p>(f) Assisting with , or , preparations.</p> <p>(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.</p> | A 052                                                                                         |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 052                                                                              | <p>Continued From page 2</p> <p>(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 discretion on the part of the unlicensed person.</p> <p>(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.</p> <p>59A-36.008</p> <p>(3) ASSISTANCE WITH SELF-ADMINISTRATION.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected</p> | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                                              | <p>Continued From page 3</p> <p>noncompliance must be reported to the resident's health care provider and documented in the resident's record.</p> <p>(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:</p> <ol style="list-style-type: none"> <li>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,</li> <li>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,</li> <li>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</li> <li>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.</li> </ol> <p>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.</p> <p>(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.</p> <p>(h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by:</p> | A 052                                                                                         |                                                                                                                          |                          |

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| A 052                                                                              | <p>Continued From page 4</p> <p>Based on observation and interview, the facility failed to ensure proper assistance with self-administration of medications for three (Resident #1, #5 and #14) of three sampled residents by failing to advise the residents of the name and dosage of medications given.</p> <p>Findings included:</p> <p>An observation of a medication pass conducted on at 10:17a.m. with Staff G (unlicensed Medication Technician) revealed Resident #1 had several medications that were scheduled to be taken at 9:00 a.m.. Staff G also failed to open the containers in front of the resident and to orally advise Resident #1 of the medications name and dosage.</p> <p>An observation of a medication pass conducted on at 10:29 a.m. with Staff G (unlicensed Medication Technician) revealed Resident #5 had several medications that were scheduled to be taken at 9:00 a.m. Staff G also failed to open the containers in front of the resident and to orally advise Resident #5 of the medications name and dosage.</p> <p>An observation of a medication pass conducted on at 10:14 a.m. with Staff I (unlicensed Medication Technician) revealed Resident #5 had several medications that were scheduled to be taken at 9am. Staff I also failed to open the containers in front of the resident and to orally advise Resident #5 of the medications name and dosage.</p> <p>During an interview on at 10:34 a.m. Staff G stated medication pass was running</p> | A 052                                                                                         |                                                                                                                          |                          |

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| A 052                                                                              | <p>Continued From page 5</p> <p>behind on medications because of another resident required assistance.</p> <p>During an interview on _____ at 10:10 a.m. Staff I stated medications were passed late due to assisting other residents.</p> <p>During an interview on _____ at 1:15 p.m., the Administrator stated the expectation was to give the medications within one hour before or after the scheduled time, and to orally advise the residents of the medications being given.</p> <p>Class III</p> | A 052                                                                                         |                                                                                                                          |  |                                                        |