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 _____	C 10/15/2025

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 A complaint investigation (complaint numbers 2025011360, 2025014358, 2025014460, 2025015087, and 2025015306) was conducted at Elevated Estates Spring Hill, LLC on , through . Deficiencies were identified at the time of survey. A Class I deficiency was found at Tag A0030. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility. On , at approximately 11:41 AM, a fire of unknown origin began in the bed of Resident #3. Resident #3, who resides in Building #6, was in bed sleeping at the time of the incident. Another resident saw smoke and retrieved a water hose from outside the facility. A staff member arrived and used the hose to extinguish the fire. The staff member did not follow the facility's policy and procedure, which included activating the fire alarm, alerting staff of a fire emergency, and calling 911 to report the fire to the local fire department, even if the fire appears small or has been extinguished. Additionally, the facility's Comprehensive Emergency Management Plan stipulates that staff must remove residents nearest the fire and evacuate all residents. The Class I noncompliance began on , . The facility's Administrator was notified of the	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 000	Continued From page 1 Class I noncompliance on . at 2:50 PM. The census at the start of the survey was 65. The following is a description of the deficiencies found at the time of the visit.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The	A 030		

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A 030	Continued From page 2 telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there	A 030		

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A 030	Continued From page 3 must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or	A 030		

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A 030	Continued From page 4	A 030		

attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the

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A 030	Continued From page 5 resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (i) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a	A 030		

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A 030	Continued From page 6 resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to ensure a safe living environment by not responding to a fire as prescribed in the facility's fire reporting policy and Comprehensive Emergency Management Plan (CEMP) for 1 of 1 resident involved in a fire incident, Resident #3.	A 030		

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A 030	Continued From page 7 Review of Resident #3's Resident Health Assessment documented the resident was admitted to the facility on with diagnoses that included , (limitations in ability to think, remember, and use judgement), , , (symptoms including , conspiracy and) and , (swings.) Resident #3 is independent for activities of daily living. Review of Resident #3's record documented the resident acknowledged and signed the facility's smoking policy on . Review of a nursing note for Resident #3 completed by Advance Practitioner Registered Nurse, dated , read, " ... Stable, Psych to monitor PRN [as needed]. Staff denies any issues with behaviors, Continue meds [medications] per psych..." During a tour of the facility on at 9:00 AM, Resident #3's bed was observed to have two holes to the top left of the mattress bedsheet beside the pillow. The pillow had a softball-sized dark black spot on the lower left corner. (Photograph evidence obtained.) Review of an Incident Report completed on (no time noted) by Staff C, Medication Technician, documented, "I came into building #6 to do my med pass at 12:30 PM and when I came into [Resident #2's name] room I saw [Resident #2's name] outside her door with a water hose getting ready to put the fire out in the room. I grabbed it and put it out. It was small and controlled. I don't know how it started. I asked [Resident #3's name] to get up and if she knew what had happened. She said she was sleeping. Declined Med [medical] care and no injuries. POA [Power of Attorney], Administrator."	A 030		

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A 030	Continued From page 8 Review of a written statement completed by Resident #2, dated , documented, "Summary of Incident; Med Tech [Staff C's Name] my 2pm meds through my inside door came to the door as she entered [Resident #12's name] was going out my inside door. [Staff C's Name] came to the door. Gave me my meds turned around and screamed fire." The statement has a section completed by the Director, "Intervention in place to attempt prevention of re-occurrence: [Resident #12's name] was seen on camera running for hose from front door educated resident on what to do when there is a fire. Signed by Director." Review of a progress note completed by the Director, dated at 11:29 AM, documented, "Late entry for at 10 AM: the resident was getting a hose to bring into her room as resident roommates' pillow was on fire and roommate was asleep per [Resident #2's name]. Medtech ran in contained the small pillow fire and did incident report no injuries were noted. POA [Power of Attorney] notified. Director notified. Incident report done. MD [medical doctor] was consulted about a psych evaluation for all residents involved and medication was sent for review." Review of a written statement completed by Resident #12, dated , documented, "Opened front door heard med tech yelling fire, ran out-front grabbed hose for med tech." The statement has a section completed by the Administrator, "Intervention by administration: Educated resident on what to do when there is a fire for safety. Resident seen on camera coming out front door running to hose and running to side of building."	A 030		

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A 030	Continued From page 9 During an interview on at 9:37 AM, Staff C stated that she received a call from Resident #2, the roommate of Resident #3. Staff C went to Building #6 around 12:30 PM yesterday [ ]. The water hose was in the house running, and she saw Resident #12 run out of the room. Staff C stated, "I took the hose outside and turned the water off. I went in and talked to [Resident #3's name]. She was not acting herself but was not burnt. I called 911 because she was not acting herself. I did not call the fire department or the police department. I completed an incident report." During an interview on at 10:26 AM, the Director stated, "I asked [Resident #2 name] if she had lit a cigarette in the building and dropped hot ash on her bed, and [Resident #2 name] said no. I just saw her pillow had been on fire. I have a photo of the pillow. The residents are allowed to smoke outside, only. They all have to sign a contract so that they acknowledge the rules. I called the MD [medical doctor] to the residents involved and requested a psych consultation for them all. And medication reconciled for [Resident #2's name and Resident #12's name]. During an interview on at 11:15 AM, Resident #2 stated that yesterday [ ] her roommate went crazy yelling at people and said someone was on the roof. She was not acting herself. Yesterday there was smoke in the room and [Resident #12's name] put out the smoke with the water hose. I called the med tech, and she came over, and they sent [Resident #3's name] out to the hospital. I called and they would not give me any information but said that she was in the . [Resident # 3 name] does not smoke but she has a lighter. "I don't know how the fire	A 030		

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A 030	Continued From page 10 started." During an interview on at 12:45 PM, Resident #12 stated that he remembered seeing smoke. Resident #12 stated, "I went and got the water hose turned it on and they put it out. I don't remember anything else. didn't want our building to down." On at 8:37 AM, a video recording of the outside of Building #6, dated was viewed. At 11:41 AM, Resident #12 appeared on the video as the resident retrieved a water hose from the bushes and carried it to right side of Building #6 to access Resident #3's room from the outside. At 11:48 AM, Staff C, Medication Technician and Staff E, Medication Technician, appeared on the video as they walked toward Building #6. At 11:57 AM, Staff H, Environmental Services, appeared on the video as they entered the front entry to Building #6 to deliver food. During an interview on at 10:00 AM, Resident # 2 stated today that she did not know what happened, but Staff C came to do her medications and grabbed the water hose that was turned on by Resident #12. Staff C put the fire out and put water all over Resident #3 to wake her up. Resident #2 stated, "I don't know how the fire started." During an interview on at 11:57 AM, the Chief of Wellness stated she and the Director went to Building #6 on at 5:00 PM and asked everyone what they had heard and seen. The Chief of Wellness stated, "We directed them [residents and staff assigned to Building #6] related to fires to call 911. If you notice there is a fire, call 911 and use the fire extinguisher. If a fire is observed, pull the fire alarm, get the resident	A 030		

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A 030	Continued From page 11 out of immediate danger away from the fire and to safety, and call 911. If [the fire is] contained in the room and can be extinguished, pull the room door shut to contain [the fire]. Even if the fire is small the staff member is expected to call 911 and follow our protocol." During a telephone interview on at 12:30 PM, Staff C stated, "I was heading to Building #6 to give medications to [Resident #1's name] and [Resident #2's name]. I gave [Resident #1's name] his medication and then went to [Resident #2's name] room. [Resident #2's name] was standing outside her door with the garden hose running and in her . The fire was already out so I turned the water hose off and got [Resident #3's name] up. She [Resident #3] had water all over her and the room. I cleaned it up with [Staff E, Medication Technician's name] help. The Administrator was notified, and an incident report was completed. I tried to determine what happened and could not. I did not call 911 because the fire was already out. I didn't think that I needed to. I had gotten [Resident #3's name] up and sat her on the couch in the common space." During an interview on at 09:00 AM, the Administrator stated that he does not expect his staff to call 911 anytime small incidents occur, there was no fire that's why she didn't call 911, she knows the process. Review of the facility's Comprehensive Emergency Management Plan (CEMP) documented it read, "Appendix F: Current Fire Safety Plan and Approval Letter dated ...Personnel: 1. Person discovering the fire: a) remove residents nearest to the fire; close doors. B) Sound the alarm and call 911. c) Turn	A 030		

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A 030	Continued From page 12 off all [illegible] fans and electrical equipment operating in the fire area, only after sounding the alarm and only if it may be done safely. Evacuate all residents ... 3. Administration: a) The administrator / Administrator designee will call the Fire Department immediately upon hearing the alarm or by personnel notification ..." Review of the facility's policy and procedure titled, "Fire Reporting Policy," (not dated) documented it read, "Purpose: The purpose of this policy is to establish clear procedures for promptly reporting and responding to any fire or signs of fire within the facility, in compliance with Florida Administrative Code 59A-36 and the Florida Fire Prevention Code (NFPA 101, Life Safety Code). This ensures the safety and well-being of residents, staff, and visitors. Policy: All fires, smoke, or fire alarm activations must be reported immediately to emergency services and facility administrator. Staff are required to take immediate action to protect residents and prevent injury or property loss. Procedure: Immediate actions when a fire or smoke is detected 1. Activate the fire alarm system immediately by pulling the nearest manual fire alarm pull station. 2. Announce 'Code Red' if applicable, to alert staff of a fire emergency. 3. Call 911 to report the fire to the local fire department, even if the fire appears small or has been extinguished. Provide the following information: Facility name and address Type and location of fire Whether residents are being evacuated or sheltered in place. 4. Notify the Administrator or Designee as soon as it is safe to do so. 2. Staff responsibilities Direct care Staff: Ensure the immediate safety of residents in the affected area. Close (but do not lock) doors to contain smoke or flames. Evacuate residents according to the facility's Fire Evacuation Plan. Charge Nurse or Supervisor on	A 030		

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 _____	C 10/15/2025

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 030	Continued From page 13 Duty: Verify 911 has been called. Coordinate with responding emergency personnel. Document the incident on the Fire Incident report form. Maintenance Environment services: assist in identifying the source of the fire, if safe. Support first responders as needed ... The facility must also comply with any investigations or corrective actions mandated by the Florida Department of Health, AHCA, or State Fire Marshal." Class I	A 030		