Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969246	A. BUILDING: _____ B. WING _____	R 07/15/2026

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to complaint investigation (complaint numbers: 2026002961, 2026004145, 2026004624, 2026007559, and 2026008175) and a generator monitoring visit were conducted at Elevated Estates Edwinola on . Deficiencies were identified at the time of survey.	{A 000}		
{A 152} SS=I	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 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 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.	{A 152}		

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{A 152}	Continued From page 1 (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, interview, and record review, the facility failed to maintain a safe and properly maintained condition by failing to ensure the facility's air conditioning system for three (fourth, fifth, and sixth floor) of eight floors and the facility's elevator was maintained in good working order for seven (second, third, fourth, fifth, six, seventh and eight floors) of eight floors. Findings included: An observation on at 9:15 a.m. revealed the facility's elevator was not functioning properly. During an interview on at 9:28 a.m., the Administrator stated the elevator was down and not working. An observation on , from 10:10 a.m. to 11:00 a.m., revealed the fourth, fifth, and sixth floor hallways air conditioning system was not functioning properly. The temperature on the fourth floor was approximately 80 degrees. The fifth floor was below 81 degrees however; the activity room was observed to at 83.8 degrees. During an interview on at 1:10 p.m., the Maintenance Director stated staff were actively working to repair the elevator.	{A 152}		

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{A 152}	Continued From page 2 During an interview on at 2:14 p.m., the Administrator confirmed the air conditioning remained , in the hallways and stated portable air conditioning units continued to be utilized while awaiting the air conditioning vendor to complete the repairs.	{A 152}		