

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER Elon Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1203 E 22nd Ave Tampa, FL 33605	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561 Level of Harm - Actual harm Residents Affected - Few	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to promote and facilitate one (1) of one (1) resident's choice to close the room door at night for privacy and personal comfort (Resident #39); and two (2) of two (2) residents right to use electric wheelchairs to support mobility, independence, and the resident's highest practicable level of functioning (Resident #s 44 and 96). This failure caused Resident #44 frustration, anxiety, mental anguish, and self-isolation, which resulted in psychological harm. The findings include: 1. Resident #44 was admitted to the facility on [DATE] with diagnoses that included major depressive disorder, recurrent; muscle weakness; intermittent explosive disorder (added 09/15/2025); and pain in right elbow.</p> <p>Review of the quarterly Minimum Data Set Assessment (MDS) dated [DATE], revealed the Brief Interview for Mental Status (BIMS) score was 15/15, which reflected intact cognition. MDS dated [DATE] revealed the resident was mobile with an electric wheelchair; dependent on staff for transfers; required substantial/maximum assistance with activities of daily living (ADLs).</p> <p>During an observation and interview on 03/30/26 at 12:27 PM, Resident #44 was seated in a manual wheelchair, in her room, the resident stated, I want my wheelchair back, my electric wheelchair. They took it. I used to go outside every day; I don't go anymore.</p> <p>During a subsequent interview on 04/02/2026 at 12:15 PM, Resident #44 stated, I don't have independence anymore. I stopped eating in the dining room. I don't go out to see my friends here. I stopped going downstairs outside to feed the chickens. I don't go to activities. The resident appeared visibly distressed, clenched her fists, and stated, I can't talk about it. I get too upset.</p> <p>Review of an encounter progress note dated 02/17/2026 revealed, Patient continues to claim that her mood is calm but acknowledges frustration over her limitations.</p> <p>Review of a psychiatry progress note dated 01/17/2026 revealed, The patient spends the majority of her time in her room and is largely self-isolative, with limited interaction with other residents. This pattern has increased since her powerchair was removed.</p> <p>Review of psychological progress note dated 11/23/2025 revealed, The resident spends most of her time in her room following the removal of her motorized wheelchair. 10/08/2025 Anxiety: Irritability. Abnormally and persistently elevated, Expansive or irritable mood.</p> <p>Review of the progress note dated 07/09/2025 indicated that following the removal of the motorized wheelchair, Resident #44 refused to get out of bed or participate in activities. (continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER Elon Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1203 E 22nd Ave Tampa, FL 33605	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0561</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a social service progress note on 08/21/2025 the Director of Social Service (DSS) wrote, Resident asked to have her wheelchair returned. she remains largely isolated in her room. Subsequent review of the nursing progress notes indicated nurses and activities staff documented the resident's continued requests for her electric wheelchair returned.</p> <p>Review of the Occupational Therapy assessment dated [DATE] revealed, Pt [patient] was assessed using a motorized wheelchair. Pt is cognitively and functionally able to use her PWR [power] wc [wheelchair]. Pt had swollen legs/feet so tilt in space aspect of the chair is appropriate for pressure relief.</p> <p>Review of a psychological progress note dated 06/04/2025 revealed, The resident used her motorized wheelchair to navigate the facility and its grounds independently. frequently seen moving around the facility independently in her motorized wheelchair.</p> <p>Review of medical records revealed no documented evidence staff promoted or facilitated the resident's use of the motorized wheelchair to return to and maintain previous level of independence and mobility. Further review indicated that after the facility had removed the resident's motorized wheelchair, there was no evidence of a resident-centered plan or communication of timelines or expected outcomes required to facilitate return of the motorized wheelchair.</p> <p>During an interview on 04/01/26 at 12:30 PM, the DSS confirmed the Resident #44's motorized wheelchair had been removed. The DSS stated that for a while, the resident wouldn't use the manual wheelchair. She stays in her room most of the time. She gets frustrated and doesn't do much outside of her room anymore.</p> <p>During an interview on 04/01/26 at 4:20 PM, the Director of Nursing (DON) confirmed the resident's motorized wheelchair had been taken away, without options or timelines to regain or maintain use of her motorized wheelchair. The Administrator and DON did not provide details or a plan of how/if the resident can/will be evaluated for reconsideration to have her motorized wheelchair returned.</p> <p>2. Resident #96 was admitted to the facility on [DATE] with diagnoses that included chronic inflammatory demyelinating polyneuropathy (CIDP) [a rare, acquired autoimmune disorder of the sheath of peripheral nerves, causing progressive muscle weakness, tingling, and loss of reflexes which damage, slows or blocks nerve signals] and major depressive disorder.</p> <p>During an interview on 03/30/2026 at 12:45 PM, Resident #96 was observed in a manual wheelchair. The resident stated, I had an electric wheelchair, but they told me on admission that I couldn't use my it this admission because they don't allow them anymore. That made me mad and I felt like it took away my independence. They wouldn't even let me use it to go to the Veterans Administration (VA). The resident was care planned to use a motorized wheelchair for mobility.</p> <p>During an interview on 04/02/2026 at 2:41 PM, the Admissions Coordinator and Administrator confirmed the resident was informed, prior to admission, that he could not have his motorized wheelchair in the facility.</p> <p>3. Resident #39 was admitted to the facility on [DATE] with diagnoses that included cognitive communication deficit. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #39's BIMS score was 04/15, which reflected severely impaired cognition. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER Elon Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1203 E 22nd Ave Tampa, FL 33605	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0561</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview (translated by the resident's daughter) on 03/31/2026 at 1:45 PM, Resident #39 stated that she wasn't allowed to close her door at bedtime. She stated, I want to close my door because I don't like the noise and lights when I'm trying to sleep. I tell the nurses, but they said that they needed to keep the door open so they can see that I'm breathing OK.</p> <p>During an interview on an interview on 04/01/2026 at 9:45 AM, Certified Nursing Assistant (CNA) #1 confirmed, The resident was told that she they must have her door open for her own safety. Also, when she shuts the door, she pushes the black TV tray table or her overbed table behind the door. We need to be able to get to her in case she falls. CNA #1 acknowledged that both the TV tray and overbed tables are light, easily movable, and may not be tall enough to block the door.</p> <p>During a walking tour and interview on 04/01/2026 at 10:22 AM, RN #1 stated that while she rarely works nights, she had been told that the resident wasn't allowed to close her door. RN #1 stated, If it is the resident's preference to close their door at night, it is her right to have her privacy and be comfortable, in her home. We must find a way to accommodate her reasonable requests.</p> <p>During an interview on 04/02/2026 at 1:30 PM, the DON confirmed the resident has the right to close her door at night, if that is her choice.</p>		