

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Edgewater at Waterman Village		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Brookfield Ave Mount Dora, FL 32757	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45576</p> <p>Based on record review, and interview, the facility failed to ensure the residents received medication as ordered in accordance with professional standards of practice for 1 (Resident #1) of 3 residents reviewed.</p> <p>Findings include:</p> <p>Review of Resident #1's clinical record showed the resident was admitted on [DATE] with diagnoses that included Stage 3 chronic kidney disease, and malignant neoplasm of prostate.</p> <p>Review of Resident #1's physician order dated 9/19/2024 read, Bisacodyl Rectal Suppository 10 MG [milligrams] (Bisacodyl), Insert 1 suppository rectally at bedtime for constipation.</p> <p>Review of Resident #1's Medication Administration Record (MAR) for October 2024 revealed no documentation on 10/2/2024 and 10/7/2024 for administration of Bisacodyl rectal suppository.</p> <p>During a telephonic interview on 11/6/2024 at 2:03 PM, Staff B, Licensed Practical Nurse (LPN), stated, I did not give the suppository because he had a bowel movement. I should have given the suppository routinely like the orders are written. I did not call the doctor.</p> <p>During a telephonic interview on 11/6/2025 at 5:08 PM, the Advance Practice Registered Nurse (APRN) stated, The physician orders needed to be followed unless the resident refuses and then the refusal should be documented and I should be notified. I was not notified that the medication was not given.</p> <p>During an interview on 11/6/2024 at 4:07 PM, the Director of Nursing stated, The suppository should have been given as ordered. If it is not given, then the physician needs to be notified.</p> <p>(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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy and procedure titled Administering Medications revised on 7/13/2015 read, Policy: Medications will be administered in a timely manner and as prescribed by the resident's attending physician or the facility's Medical Director in accordance with our established policies . Policy Interpretation and Implementation . 3. Medications must be administered in a timely manner and in accordance with the attending physician's written/verbal orders. 4. Should a dosage seem excessive considering the resident's age and medical condition, or a medication order seems to be unrelated to the resident's current diagnosis or medical condition, the person preparing/administering the medication shall contact the resident's attending physician or the facility's Medical Director for further instruction.</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45576</p> <p>Based on record review and interview, the facility failed to provide laboratory services to meet the needs for 1 (Resident #1) of 3 residents reviewed.</p> <p>Findings include:</p> <p>Review of Resident #1's clinical record showed the resident was admitted on [DATE] with diagnoses that included Stage 3 chronic kidney disease, and malignant neoplasm of prostate.</p> <p>Review of Resident #1's physician order dated 10/4/2024 read, CBC [Complete Blood Count]; CMP [Complete Metabolic Panel]; UA C&S [Urinalysis Culture and Sensitivity].</p> <p>Review of Resident #1's UA C&S results read, Collection Date: 10/05/2024 00:00 [12:00 AM], Received date: 10/05/2024 10:05 [10:05 AM], Reported Date: 10/07/2024 13:15 [1:15 PM] . Source: Urine. Organism 1 > [more than] 100,000 CFU/ML [Colony Forming Units per Milliliter] Enterococcus faecalis. Sensitivity MIC ORG [microorganism] #5. Ampicillin <= [less than equals to] 2 S [Susceptible], Ciprofloxacin <=1 S, Nitrofurantoin <=32 S, Penicillin 2 S, Tetracycline >8 R [Resistant], Vancomycin 2 S.</p> <p>Review of Resident #1's clinical records revealed no lab results reported with reported to the physician.</p> <p>Review of the email sent from Infection Preventionist to the interdisciplinary team on 10/8/2024 at 10:21 AM read, [Resident #1's name] UA +[positive], needs ABT [antibiotic therapy].</p> <p>During an interview on 11/6/2024 at 2:07 PM, the Infection Preventionist stated, I review cultures/urine results every morning. On 10/7/24, there were no result, the culture was still pending. I do not check the results again until the next day. The nurse assigned to the patient is supposed to follow up with abnormal labs during their shift. The next day [10/8/2024], I reviewed the results and [Resident #1's name] results were back. The urinalysis was positive and I sent an email to the IDT [Interdisciplinary team] directing that the resident needed antibiotics, but by that time the patient had already been sent to the hospital.</p> <p>During a telephonic interview on 11/6/2024 at 12:49 PM, Staff A, Licensed Practical Nurse (LPN), stated, I do not remember the patient. I do not know if the results were given to the providers or not.</p> <p>During a telephonic interview on 11/6/2024 at 5:08 PM, the Advance Practice Registered Nurse (APRN) stated, He [Resident #1] was confused on admission and had a history of UTIs. When the urinalysis was ordered, if he was symptomatic, I would have given him 3 days of IM [intramuscular] Rocephin. No Rocephin was ordered so he was not symptomatic, so I will wait for the sensitivity report. I was never informed of the urinalysis report. I do not feel harm was caused for him not being medicated on 10/7/2024 after sensitivity was received.</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/6/2024 at 4:07 PM, the Director of Nursing confirmed the urinalysis and culture sensitivity report result received on 10/7/2024 at 1:15 PM was positive and not reported to the physician, and stated, The primary nurse is responsible to call the physician when the urinalysis is reported as abnormal. We receive the results via fax now.</p> <p>Review of the facility policy and procedure titled Test Results revised on 7/6/2010 read, Policy: The resident's attending physician shall be notified of the results of diagnostic tests. Policy Interpretation and Implementation . 2. Should the test results be provided to the facility, the attending physician ARNP [Advanced Registered Nurse Practitioner] shall be promptly notified of the results. 3. The Unit Manager or the nurse receiving the test results shall be responsible for notifying the physician of the test results. Noting the tests results by initially dating them. 4. Signed and dated reports of all diagnostic services shall be made a part of the resident's medical record.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45576</p> <p>Based on interview and record review, the facility failed to ensure resident records were complete and accurate for 1 (Resident #1) of 3 residents reviewed.</p> <p>Findings include:</p> <p>Review of Resident #1's clinical record showed the resident was admitted on [DATE] with diagnoses that included Stage 3 chronic kidney disease, and malignant neoplasm of prostate.</p> <p>Review of Resident #1's physician order dated 9/23/2024 read, Prostat AWC every shift for wounds.</p> <p>Review of Resident #1's physician orders dated 9/19/2024 read Senna S Oral tablet 8.6- 60 MG [milligrams], Give 1 tablet by mouth every 12 hours for constipation.</p> <p>Review of Resident #1's physician order dated 9/19/2024 read, Carbidopa-Levodopa Oral Tablet 10-100 MG, Give 2 tablet by mouth four times a day for Parkinson's.</p> <p>Review of Resident #1's Medication Administration Record (MAR) for October 2024 revealed no documentation on 10/7/2024 at night shift for administration of Prostat AWC, no documentation on 10/7/2024 at 9:00 PM for administration of Senna S and Carbidopa-Levodopa.</p> <p>During a telephonic interview on 11/6/2024 at 2:03 PM, Staff B, LPN, stated, I did not have many medications and I gave him his medications on 10/7/2024, but forgot to chart them.</p> <p>During an interview on 11/6/2024 at 4:07 PM, the Director of Nursing stated that the medication should be given as ordered and documented in the resident chart as given by the nurse.</p> <p>Review of the facility policy and procedure titled Administering Medications revised on 7/13/2015 read, Policy Interpretation and Implementation . 9. The individual administering the medication must initial the resident's MAR on the appropriate line and date for that specific day before administering the next resident's medication.</p> <p>Review of the facility policy and procedure titled Medical Record Documentation revised on 4/16/2023 read, Policy: All services provided to the resident, or any changes in the resident's condition, shall be recorded in the resident's medical record. Policy Interpretation and Implementation: 1. All treatments and medications shall be ordered by the physician and documented on the resident's MAR/TAR [Treatment Administration Record] . 11. Documentation in the resident's Medical Record and the Resident Care Plan is the responsibility of every nurse.</p>		