STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105796	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewater at Waterman Village	300 Brookfield Ave Mount Dora, FL 32757

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure Minimum Data Set (MDS) assessments were accurate for 1 of 2 residents reviewed for positioning and mobility (Resident #19), 1 of 9 residents reviewed for medication management (Resident #3), and 1 of 6 residents reviewed for behavior/mood (Resident #1). Findings include: 1) During an observation on 3/10/2026 at 10:23 AM, there was a mechanical lift pad underneath Resident #19, who was sitting in her wheelchair. During an interview on 3/10/2026 at 10:23 AM, Resident #19 stated that she needed two-person assist for transfer from mechanical lift to wheelchair, but she could self-propel wheelchair when needed. During an interview on 3/12/2026 at 9:32 AM, Resident #19 stated, I haven't been able to walk since my stroke, and I am weak on my left side. I can eat independently, but I must use wheelchair for mobility. Review of Resident #19's MDS assessment dated [DATE] showed Section GG0115- Functional Limitation in Range of Motion was coded as no impairment for lower extremities. Durin an interview on 3/12/2026 at 12:06 PM, Staff M, MDS Coordinator, stated that Resident #19 was impaired on one side of the lower extremities. 2) Review of Resident #3's annual MDS assessment dated [DATE] read, Section E- Behavior. E0800. Rejection of Care-Presence and Frequency. Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL [Activities of Daily Living] assistance) that is necessary to achieve the resident's goals for health and well-being. 0. Behavior not exhibited. Review of Resident #3's progress note dated 2/2/2026 read, Insulin Glargine Solostar Subcutaneous Solution Pen injector 100 unit/ml [milliliter], Inject 15 unit subcutaneously at bedtime for DM [Diabetes Mellitus]. Review of Resident #3's Medication Administration Record (MAR) for February 2026 for administration of Insulin Glargine showed code 2 (Drug Refused) was documented on 2/16/2026 and 2/20/2026 at 9:00 PM during the lookback period of MDS. During an interview on 3/11/2026 at approximately 2:30 PM, Staff E, Case Manager, stated, [Resident (continued on next page)

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#3's name] MDS needs to be corrected. The behavior was coded by mistake. [Resident #3's name] did refuse insulin. 3) Review of Resident #1's Significant Change in Status MDS assessment dated [DATE] showed no anxiety disorder documented under Section I- Active Diagnoses. Review of Resident #1's admission record showed the resident was initially admitted on [DATE] and readmitted on [DATE] with diagnoses to include unspecified anxiety disorder with onset date of 1/26/2026. Review of Resident #1's psychology services note dated 3/26/2025 read, Diagnostic Impressions: Other Specified Anxiety Disorder. Review of Resident #1's psychological consultation note dated 4/2/2025 read, Why is this service Medically Necessary: Because this patient has a psychiatric illness of: Other Specified Anxiety Disorder. Review of Resident #1's physician order dated 1/27/2026 read, Lorazepam Oral Tablet 0.5 MG [milligram], Give 1 tablet by mouth every 4 hours as needed for Anxiety for 12 months. Review of Resident #1's MAR for January 2026 showed Lorazepam was administered on 1/27/2026 at 11:41 AM, 1/27/2026 at 7:32 PM, and on 1/31/2026 at 8:15 AM. Review of Resident #1's MAR for February 2026 showed Lorazepam was administered on 2/1/2026 at 10:44 PM. During an interview on 3/11/2026 at 4:47 PM, Staff M, MDS Coordinator, stated, [Resident #1's name] MDS needs to be corrected to document the resident has a diagnosis of anxiety. During an interview on 3/12/2026 at 10:00 AM, the Risk Manager stated, The facility follows the RAI [Resident Assessment Instrument] manual.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interview, the facility failed to develop and implement a comprehensive care plan for 1 of 9 residents reviewed for medication management (Resident #3).Findings include:Review of Resident #3's progress note dated 2/2/2026 read, Insulin Glargine Solostar Subcutaneous Solution Pen injector 100 unit/ml [milliliter], Inject 15 unit subcutaneously at bedtime for DM [Diabetes Mellitus]. bg [blood glucose] 160 pt [patient] refused med stated if bg below she is not taking it.Review of Resident #3's Medication Administration Record (MAR) for February 2026 for administration of Insulin Glargine showed code 2 (Drug Refused) was documented on 2/3/2026, 2/6/2026, 2/8/2026, 2/12/2026, 2/13/2026, 2/16/2026, 2/20/2026, 2/22/2026, 2/25/2026, 2/26/2026, and 2/27/2026 at 9:00 PM. Further review of the MAR showed the blood sugar value of 120 and staff initials for administration of the medication on 2/18/2026 at 9:00 PM.Review of Resident #3's MAR for January 2026 for administration of Insulin Glargine showed code 9 was documented on 3/3/2026, and code 2 was documented on 3/6/2026, 3/9/2026, and 3/10/2026 at 9:00 PM.Review of Resident #3's administration note dated 2/18/2026 read, Insulin Glargine Solostar Subcutaneous Solution Pen injector 100 unit/ml, Inject 15 unit subcutaneously at bedtime for DM. refused because blood glucose 120.Review of Resident #3 administration note dated 3/3/2026 read, Insulin Glargine Solostar Subcutaneous Solution Pen injector 100 unit/ml, Inject 15 unit subcutaneously at bedtime for DM. blood glucose72. Patient refused.Review of Resident #3's care plan did not document a focus for refusals of insulin.During an interview on 3/11/2026 at approximately 2:30 PM, Staff E, Case Manager, stated, [Resident #3's name] care plan does not include the refusals of insulin. It should be reflected in her care plan.During an interview on 3/11/2026 at 2:59 PM, the Director of Nursing stated, I would expect [Resident #3's name] to be care planned for her refusals.Review of the facility policy and procedures titled Care Plan- Comprehensive with the last review date of 7/25/2025 read, Policy: A comprehensive care plan shall be developed for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs. Policy Interpretation and Implementation: 2. The comprehensive care plan has been designed to: a. Incorporate identified problem areas.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review and interview, the facility failed to ensure the physician/prescriber documented the rationale for declining the pharmacist's recommendation and failed to ensure physician's order was implemented upon pharmacist's recommendations for 2 of 9 residents reviewed for medication management (Residents #3 and #6).Findings include: 1) Review of Resident #6's consultation report with the recommendation date of 10/14/2025 read, Comment: [Resident #6's name] has a PRN [as needed] order for an anxiolytic, without a stop date: Lorazepam. Recommendation: Please discontinue PRN Lorazepam, tapering as necessary (e.g. decreasing the dose by no more than 25%, or 10-12% in high-risk residents, every 2 weeks). If the medication cannot be discontinued at this time, please document the indication for use, the intended duration of therapy, and the rationale for the extended time period. Physician's Response: [checked box] I decline the recommendation(s) above and do not wish to implement any changes due to the reasons below: PRN only. The form was signed by Physician #1 on 10/15/2025. Review of Resident #6's consultation report with the recommendation date of 12/2/2025 read, Comment: [Resident #6's name] has a PRN order for an anxiolytic, without a stop date: Lorazepam. Recommendation: Please discontinue PRN Lorazepam, tapering as necessary (e.g. decreasing the dose by no more than 25%, or 10-12% in high-risk residents, every 2 weeks). If the medication cannot be discontinued at this time, please document the indication for use, the intended duration of therapy, and the rationale for the extended time period. Physician's Response: [checked box] I decline the recommendation(s) above and do not wish to implement any changes due to the reasons below: [No rationale documented]. The form was signed by Advance Practice Registered Nurse (APRN) #1. Review of Resident #6's consultation report with the recommendation date of 12/16/2025 read, Comment: [Resident #6's name] has a PRN order for an anxiolytic, without a stop date: clonazepam. Recommendation: Please discontinue PRN clonazepam, tapering as necessary (e.g. decreasing the dose by no more than 25%, or 10-12% in high-risk residents, every 2 weeks). If the medication cannot be discontinued at this time, please document the indication for use, the intended duration of therapy, and the rationale for the extended time period. Physician's Response: [checked box] I decline the recommendation(s) above and do not wish to implement any changes due to the reasons below: [No rationale documented]. The form was signed by APRN #1. Review of Resident #6's progress notes from 10/10/2025 through 12/28/2025 revealed no physician/provider documentation of the rationale for the continued use of Clonazepam on a prn basis. Review of Resident #6's progress notes from 10/10/2025 through 1/1/2026 revealed no physician/provider documentation of the rationale for the continued use of Lorazepam on a prn basis. During an interview on 3/11/2026 at 11:40 AM, the Director of Nursing (DON) stated that when the pharmacist's recommendations were presented to the providers, it was up to the providers as to whether they replied or entered a rationale for declining the pharmacist's recommendations. During an interview on 3/11/2026 at 4:22 PM, Physician #1 stated he kept Resident #6 on prn Lorazepam because it was needed on a prn basis in addition to the scheduled doses for her agitation. He stated he had addressed the reasons for continuation in some of his notes. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/11/2026 at 5:23 PM, APRN #1 stated that he did not address the rationale for continuing Resident #6's prn Lorazepam and prn Clonazepam because she was being seen by a psychiatric provider. He usually wrote a rationale for not following the pharmacist's recommendations, but did not with either recommendation for Resident #6 in December 2025. 2) Review of Resident #3's consultation report with the recommendation date of 10/26/2025 read, Comment: [Resident #3's name] receives insulin and a sulfonylurea, Glimepiride concomitantly, increasing the risk of hypoglycemia. Recommendation: Please discontinue Glimepiride. Physician Response. [checked box] I accept the recommendation(s) above, please implement as written. DC [discontinue] Glimepiride. Signature. Date: 11/05/25. Review of Resident #3's physician order dated 3/18/2025 read, Glimepiride Oral Tablet 2 MG [milligram] (Glimepiride), Give 1 tablet by mouth in the morning for DM [Diabetes Mellitus]. Order Status: Active. Review of Resident #3's Medication Administration Record (MAR) for February 2026 for administration of Glimepiride 2 mg showed the medication was administered from 2//1/2026 through 2/14/2026 and from 2/17/2026 through 2/28/2026. Review of Resident #3's MAR for March 2026 for administration of Glimepiride 2 mg showed the medication was administered was administered from 3/1/2026 through 3/11/2026. During an interview on 3/11/2026 at 1:40 PM, the Director of Nursing stated, Glimepiride was not discontinued. Usually, the unit secretary will give it to the unit manager or myself to transcribe. I am not sure what happened. I will contact the provider to see if they would want the medication discontinued. Review of the facility policy and procedures titled Medication Regimen Reviews with the last review date of 7/25/2025 read. Policy: The consultant pharmacist shall review the medication regimen of each resident at least monthly. Policy Interpretation and Implementation: 1. A review of the resident's medication regimen is made by the consultant pharmacist at least monthly. 2. The purpose of this review is to: f. Identify any medication or documentation errors. 3. Notations of the findings and recommendations shall be recorded on the monthly medication regimen review report. The absence of notations on the report indicates that no irregularities were found.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record review and interview, the facility failed to ensure residents' drug regimens were free from unnecessary medications for 2 of 9 residents reviewed for medication management (Residents #3 and #77).Findings include: 1) Review of Resident #77's physician order dated 2/25/2026 read, Midodrine HCl [Hydrochloride] Oral Tablet 10 mg [milligram] (Midodrine HCl), Give one tablet by mouth every 8 hours for Hypotension, Hold for SBP [Systolic Blood Pressure] of > [higher than] 100. Review of Resident #77's Medication Administration Record (MAR) for March 2026 for administration of Midodrine HCl showed the medication was administered on 3/1/2026 at 2:00 PM for BP (Blood Pressure) of 105/63, 3/4/2026 at 10:00 PM for BP of 127/78, 3/5/2026 at 6:00 AM for BP of 116/72, 3/6/2026 at 6:00 AM for BP of 123/64, 3/7/2026 at 6:00 AM for BP of 108/63, 3/8/2026 at 6:00 AM for BP of 109/68, and 3/10/2026 at 6:00 AM for BP of 110/62. During an interview on 3/11/2026 at 10:29 AM, Staff A, Registered Nurse (RN), stated that she administered Midodrine and was not aware of the parameters associated with the physician order. During an interview on 3/11/2026 at 10:24 AM, Physician #2 stated that he did not believe the resident experienced any adverse outcome as a result of the medication being administered outside the ordered parameters. He stated his expectation would be for the nursing staff to follow his orders. 2) Review of Resident #3's physician order dated 12/30/2025 read, Metoprolol Succinate ER [Extended Release] Oral Tablet Extended Release 24 Hour 25 mg (Metoprolol Succinate), Give 1 tablet by mouth every 12 hours for htn [hypertension] Hold sys [systolic] < [less than]120, dyst [diastolic] < 50, P [pulse] < 60. Review of Resident #3's MAR for March 2026 for administration of Metoprolol Succinate ER showed the medication was administered on 3/2/2026 at 9:00 AM for the pulse of 59, 3/2/2026 at 9:00 PM for the systolic blood pressure of 116, 3/3/2026 at 9:00 AM for the pulse of 57, on 3/4/2026 at 9:00 AM for systolic blood pressure of 115 and the pulse of 58, 3/5/2026 at 9:00 AM for the pulse of 54, 3/7/2026 at 9:00 AM for the pulse of 57, 3/8/2026 at 9:00 AM for the pulse of 56, 3/9/2026 at 9:00 AM for the pulse of 51, 3/9/2026 at 9:00 PM for the pulse of 59, 3/10/2026 at 9:00 AM for the pulse of 58, and 3/11/2026 at 9:00 AM for the pulse of 55. During an interview on 3/11/2026 at 12:41 PM, Staff L, Licensed Practical Nurse (LPN), stated, I don't recall [Resident #3's name] having parameters for her metoprolol. If one of the parameters are out of the range, the medication would need to be held. I should not have administered the medication when her heart rate was less than 60. During an interview on 3/11/2026 at 1:40 PM, the Director of Nursing stated, Nursing staff should check vital signs and if it is out of the parameters ordered, it should not be administered. During an interview on 3/11/2026 at 2:30 PM, Physician #4 stated, I would expect nurses to follow all parameters. Heart rate is the most important since the medication is a beta blocker. If the heart rate is less than 55, it should not be given. There have not been any medical issues with [Resident #3's name] cardiac health. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy and procedures titled Administering Medications with the last review date of 7/25/2025 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. 24. Should there be any doubt concerning the administering of medication (s), the physician's order must be verified before the medication is administered.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on record review and interview, the facility failed to ensure residents were free of significant medication errors for 1 of 9 residents reviewed for medication management (Resident #123).Findings include:Review of Resident #123's physician order dated 3/7/2026 read, NovoLog FlexPen Subcutaneous Solution Pen-injector 100 unit/ml [milliliter] (Insulin Asparat), Inject as per sliding scale if 1-150= 2 units; 200-249= 4 units; 250-299= 6 units; 300-349= 8 units; 350-400= 10 units, subcutaneously three times a day for DM II [type II diabetes mellitus].Review of Resident #123's Medication Administration Record (MAR) for March 2026 for administration of Insulin Asparat showed 2 units of insulin were administered on 3/9/2026 at 9:00 AM for a blood glucose reading of 62 and 1:00 PM for a blood glucose reading of 122.During an interview on 3/9/2026 at 1:30 PM, the Director of Nursing reviewed the sliding scale insulin order for Resident #123 and stated that the sliding scale was not the typical sliding scale utilized at the facility and that she would contact the physician to verify the order.During an interview on 3/0/2026 at 1:48 PM, the Director of Nursing stated that after reviewing the order with Physician #3, the sliding scale insulin order for Resident #123 was incorrect and that the order should have started at 150 rather than 1.During an interview on 3/10/2026 at 9:25 PM, Physician #3 stated that the incorrect sliding scale was likely the result of a transcription error during the admission medication reconciliation process.During an interview on 3/10/2026 at 1:28 PM, Staff C, Licensed Practical Nurse (LPN), stated, I administered the insulin according to the sliding scale order in the record. The sliding scale order is not the typical sliding scale used at the facility.During an interview on 3/12/2026 at 10:43 AM, Staff D, LPN, stated, I entered the NovoLog insulin sliding scale order into the electronic medical record for [Resident #123's name]. The order was placed on hold until the resident arrived from the hospital. Once the resident arrives, the nurse assigned to the resident is responsible for reviewing the admission orders prior to making them active. The sliding scale was likely entered incorrectly during transcription.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with accepted professional principles in 1 of 2 halls.Findings include: 1) During an observation on 3/9/2026 at 10:19 AM, there was one box of Alka Seltzer on top of Resident #64's bedside table. Resident #64 was not in her room (Photographic evidence obtained).During an interview on 3/9/2026 at 11:35 AM, when asked if Resident #64 was able to self-administer medications, Staff F, Licensed Practical Nurse (LPN), stated, Not to my knowledge.During an observation on 3/9/2026 at 11:35 AM, Staff F, LPN, entered Resident #64's room and removed the box of Alka Seltzer.2) During an observation on 3/9/2026 at 10:48 AM, Resident #62 was sitting in her room. There was one bottle of nasal decongestant Oxymetazoline HCl [hydrochloride] on top of her bedside table (Photographic evidence obtained).During an interview on 3/9/2026 at 10:48 AM, Resident #62 stated, I will administer the nasal mist myself. The doctor said I can have it.During an interview on 3/9/2026 at 10:51 AM, Staff G, LPN, stated, The nasal mist is not something I bring to her. Maybe it is something family brought in. Residents are not allowed to have anything at bedside. I will have to get an order for the nasal mist.During an observation on 3/9/2026 at 10:51 AM, Staff G, LPN, entered Resident #62's room and removed the nasal mist from the room.3) During an observation on 3/9/2026 at 10:55 AM, Resident #15 was sitting in her room. There was one bottle of 91% isopropyl alcohol on top of the nightstand.During an interview on 3/9/2026 at 10:55 AM, Resident #15 stated, I use it [91% isopropyl alcohol] on my skin.During an interview on 3/9/2026 at 11:00 AM, Staff G, LPN, stated, I did not know [Resident #15's name] has a bottle of isopropyl alcohol in her room. We do not have orders for that.During an observation on 3/9/2026 at 11:00 AM, Staff G, LPN, entered Resident #15's room and removed the bottle of 91% isopropyl alcohol from the nightstand. During an interview on 3/11/2026 at 2:59 PM, the Director of Nursing stated, Medication should not be left unattended in residents' rooms. We will provide residents, who are able to self-administer, boxes with a lock to store the medication.Review of the facility policy and procedures titled Medications- Storage of with the last review date of 7/25/2025 read, Policy: Medications and biologicals shall be stored in a safe, secure, and orderly manner. Policy Interpretation and Implementation: 6. Compartments containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended. (Compartments include, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 1 of 9 residents reviewed for medication management (Resident #95).Findings include:Review of Resident #95's physician order dated 11/29/2025 read, Midodrine HCl [Hydrochloride] Oral Tablet 5 MG [milligram] (Midodrine HCl), Give 5 mg by mouth three times a day for hypotension hold if systolic BP [Blood Pressure] above 130.Review of Resident #95's Medication Administration Record (MAR) for administration of Midodrine HCl for December 2025 showed the medication was administered with no blood pressure documented from 12/1/2025 through 12/8/2025, and from 12/10/52025 through 12/31/2025 at 9:00 AM; from 12/1/2025 through 12/8/2025, from 12/10/2025 through 12/11/2025, and from 12/12/2025 through 12/31/2025 at 1:00 PM; and from 12/1/2025 through 12/6/2025, from 12/8/2025 through 12/11/2025, and from 12/13/2025 through 12/31/2025 at 5:00 PM.Review of Resident #95's MAR for administration of Midodrine HCl for January 2026 showed the medication was administered with no blood pressure documented from 1/1/2026 through 1/5/2026, and from 1/7/2026 through 1/30/2026 at 9:00 AM; from 1/1/2026 through 1/6/2026, from 1/8/2026 through 1/18/2026, and from 1/19/2026 through 1/31/2026 at 1:00 PM; and from 1/1/2026 through 1/12/2026, from 1/15/2026 through 1/17/2026, from 1/19/2026 through 1/29/2026, and on 1/31/2026 at 5:00 PM.Review of Resident #95's MAR for administration of Midodrine HCl for February 2026 showed the medication was administered with no blood pressure documented from 2/1/2026 through 2/28/2026 at 9:00 AM, 1:00 PM, and 5:00 PM.Review of Resident #95's MAR for administration of Midodrine HCl for March 2026 showed the medication was administered with no blood pressure documented from 3/1/2026 through 3/4/2026, and from 3/6/2026 through 3/11/2026 at 9:00 AM; from 3/1/2026 through 3/11/2026 at 1:00 PM; and from 3/1/2026 through 3/11/2026 at 5:00 PM.Review of Resident #95's progress notes from 12/1/2025 through 3/9/2026 revealed no documentation regarding blood pressure monitoring, hypotension, or the administration of Midodrine.During an interview on 3/11/2026 at 12:40 PM, Staff A, Registered Nurse (RN), stated that the expectation was that blood pressure would be checked before administering Midodrine, and the blood pressure readings should be documented. She confirmed that blood pressures were not being documented for Resident #95 for administration of Midodrine.During an interview on 3/11/2026 at 12:48 PM, the Director of Nursing (DON) stated that the expectation was that for all blood pressure medications, the blood pressure was to be obtained before the medication was administered and it should be documented.During an interview on 3/11/2026 at 4:22 PM, Physician #1 stated that all blood pressure medications, whether for hypertension or medications such as Midodrine, were to have blood pressure taken before it was administered.During an interview on 3/12/2026 at approximately 11:30 AM, the Risk Manager (RM) stated that they did not have a policy regarding parameters for medication administration, and they expected the nurses to adhere to appropriate standards for following physician orders pertaining to obtaining vital signs or stated parameters.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105796	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewater at Waterman Village	300 Brookfield Ave Mount Dora, FL 32757

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure staff used appropriate Personal Protective Equipment (PPE) while providing high-contact care for 1 of 3 residents reviewed for enhanced barrier precautions (Resident #111) and failed to ensure staff followed infection control procedures during medication administration for 1 of 5 residents observed (Resident #79) and during handling laundry in the laundry unit to prevent the possible spread of infection and communicable diseases.Findings include: 1) During an observation on 3/10/2026 at 2:00 PM, Staff H, Registered Nurse (RN) Unit Manager, entered Resident #111's room, performed hand hygiene, and donned gloves. Staff H did not wear a gown. Staff J, Occupational Therapy Assistant, was in the room assisting resident reposition in the bed. Staff J was wearing gloves and no gown. Staff J called for assistance to position the resident in bed. Staff I, Certified Nursing Assistant (CNS), entered Resident #111's room and donned gloves and no gown. Staff J and Staff I pulled Resident #111 up in the bed. Staff I covered the resident. Staff H proceeded to flush the IV [intravenous] needleless connector, connected the IV tubing to the needleless connector and began the IV infusion. During an interview on 3/10/2026 at 3:05 PM, Staff H, RN Unit Manager, stated. I should have donned a gown. During an interview on 3/10/2026 at 3:09 PM, Staff J, Occupational Therapy Assistant, stated, I just forgot [Resident #111's name] was EBP [enhanced barrier precautions]. Review of Resident #111's care plan initiated on 2/13/2026 read, I am on Enhanced Barrier Precautions because I am at risk for infections or worsening infection as evidenced by midline for iv abt [antibiotics]. During an interview on 3/11/2026 at 3:11 PM, the Director of Nursing stated, Staff are to wear gloves and a gown when providing direct care and when administering medication via the IV. Review of the facility policy and procedures titled Enhanced Barrier Precautions with the last review date of 7/25/2025 read, Policy: Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. Policy Interpretation and Implementation: 2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. 5. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering, c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.; and h. wound care. 2) During an observation on 3/11/2026 at 8:31 AM, Staff K, Licensed Practical Nurse (LPN), was pouring the medication for Resident #79. Losartan tablet fell out of the blister pack onto the top of the medication cart. Staff K picked up Losartan tablet without wearing gloves and placed the medication into the medication cup. Staff K entered Resident #79's room and administered the medication. Review of Resident #79's physician order dated 1/10/2026 read, Losartan Potassium Oral Tablet 25 MG [milligram] (Losartan Potassium), Give 1 tablet by mouth one time a day for HTN [Hypertension]. (continued on next page)

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	105796	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewater at Waterman Village	300 Brookfield Ave Mount Dora, FL 32757

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/11/2026 at 8:42 AM, Staff K, LPN, stated, I should not have given [Resident #79's name] the medication. I should have tossed it and gotten a new one. I should not touch medication without wearing gloves. During an interview on 3/11/2026 at 3:11 PM, the Director of Nursing stated, The staff should have gotten rid of the medication when it fell onto the medication cart and not administer it to the resident. Medication should be handled with gloves. Review of the facility policy and procedures titled Administering Medications with the last review date of 7/25/2025 read, Policy Interpretation and Implementation: 11. Appropriate infection control procedure must be followed during the administration of medications (e.g.: hand washing, antiseptic technique, gloves, etc.) 3) During a tour of the laundry area on 3/10/2026 at 2:30 PM, the door between the soiled linen room and the clean linen room was propped open. The door had a sign on both sides that read, Keep doors closed at all times. During an interview on 3/10/2026 at 2:20 PM, Staff B, Laundry Aid, stated that the door was propped open because she was in the middle of cleaning the area, but the door should have been closed. During an interview on 3/10/2026 at 2:33 PM, the Operations Manager stated, The door should be closed at all times. During an interview on 3/10/2026 at 2:34 PM, the Housekeeping Supervisor stated, The door should remain closed at all times. During a tour of the laundry area on 3/10/2026 at 2:35 PM, two Laundry Aids were folding clean resident bed linens. The Laundry Aids were not utilizing the folding table, but were holding the sheets in the air, allowing several inches of the clean sheets to rest on the floor while they were folding them. During an interview on 3/10/2026 at 2:36 PM, the Operations Manager stated that clean linens were not to touch the ground, as they were then considered contaminated or soiled. The linens should be folded on the folding table. During an observation of the laundry facility/area on 3/11/2026 at 9:00 AM, the exit door used for transporting clean laundry out of the laundry area, was propped open, and the entrance door into the soiled laundry room was also standing open. Both doors had signage that read, Keep doors closed at all times. (photographic evidence obtained) During an interview on 3/12/2026 at 1:25 PM, the Director of Nursing (DON) stated that the entry door, exit door, and door between the soiled and clean laundry areas were to remain closed. The doors needed to be closed to minimize the potential of contamination and to maintain infection control standards. The staff, while folding clean linens, should not allow the linens to touch the ground or other contaminated surfaces, to minimize the risk of contamination and to maintain infection control standards. Review of the facility policy and procedures titled Infection Control with the last review date of 7/25/2025 read, Policy: The primary purposes of this facility's infection control policies and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	procedures are to establish guidelines to follow to provide a safe and sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Review of the facility policy and procedures titled Plant Operations– Housekeeping with the last review date of 7/25/2025 read, Areas Affected: Housekeeping, Laundry. Purpose: The Plant Operations staff shall perform their assigned tasks in a safe and efficient manner. Policy and/or Purpose: A. The following safety rules shall be followed: 18. Keep drawers and doors closed when not in use.