

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62936	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ELON MANOR NURSING AND REHABILITATION CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 1203 E 22ND AVE TAMPA, FL 33605		
(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
N 000	INITIAL COMMENTS A complaint survey for complaint numbers 2024016314 and 2025000978 was conducted on at Elon Manor Nursing and Rehabilitation Center, Tampa, FL. Deficiencies were identified at the time of the survey. Complaint number 2024016314 had deficiencies cited at N201 Complaint number 2025000978 had deficiencies cited at N0193 and N0188.	N 000		
N 188 SS=D	400.022(1)(d), FS. Right to File Grievances (d) The right to present grievances on behalf of himself or herself or others to the staff or administrator of the facility, to governmental officials, or to any other person; to recommend changes in policies and services to facility personnel; and to join with other residents or individuals within or outside the facility to work for improvements in resident care, free from _____, interference, coercion, discrimination, or reprisal. This right includes access to ombudsmen and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. The right also includes the right to prompt efforts by the facility to resolve resident grievances, including grievances with respect to the behavior of other residents. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a prompt resolution to a grievance for one (#3) of nine sampled residents. Findings included:	N 188	The Social Services Director spoke with resident #3 responsible party to communicate the facilities effort to a prompt resolution. The phone bill monies were withdrawn from resident #3 personal funds account and reimbursed to the responsible party on . The	

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Electronically Signed

/25

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N 188	<p>Continued From page 1</p> <p>Review of the facility's Resident Grievance Policy & Procedure, revised _____, documented the policy: It is the policy of [name of facility] to provide an opportunity and a method for all residents, visitors, or designated representative to express grievances and complaints free of interference, coercion, discrimination, and/or reprisalIt is the policy that all complaints and grievances be addressed in a timely manner.</p> <p>An interview was conducted on _____ at 12:27 p.m. with the Social Service Director (SSD). A review of three grievances for Resident #3 was conducted.</p> <p>The SSD stated, one grievance, received on _____, the (resident's representative) wanted the phone bill paid for Resident #3. The (resident's representative) was upset that the bill was not paid. The representative communicated to the business office who said they were going to pay the bill. The representative tracked the phone bill, and it was not paid. Further review of the grievance form reflected the former Nursing Home Administrator (NHA) had signed that the bill had been paid and the grievance resolved on _____.</p> <p>The SSD stated, the next grievance received on _____, the (resident's representative) was upset because the phone bill was not completely paid. Review of the grievance form reflected the former NHA signed the grievance as completed on _____.</p> <p>The SSD stated, the next grievance was received on _____, the (resident's representative) was upset because she had been told to pay the bill, and she would be reimbursed. A review of the grievance log reflected the grievance had been resolved on _____.</p>	N 188	<p>facility will manage resident #3 monthly phone bill going forward.</p> <p>The facility will manage residents personal accounts for those that the facility is the designated payee. The Social Services Director and Nursing Home Administrator conducted a complete audit of all grievances in the past 2 months to ensure accuracy and prompt resolutions. No further corrections were identified.</p> <p>The Social Services Director or designee will conduct interviews of 4 random residents/responsible party 5x a week for 2 weeks then 2x a week for 4 weeks, then monthly for 2 months. The Social Services Director was re-educated by the Nursing Home Administrator to ensure a prompt resolution to a resident grievance. The Social Services Director or designee will re-educate the current staff on the resident grievance policy and procedure and accurate use of the grievance form with prompt resolution.</p> <p>Findings from the quality review audits will be reviewed and discussed by the Quality Assurance Performance Improvement (QAPI) Committee monthly for 3 months. Non-compliance will be reviewed by the QAPI committee with direct changes to the plan as deemed necessary to ensure ongoing and sustained compliance.</p>	

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N 188	Continued From page 2 An interview was conducted on _____ at 12:50 p.m. with the Nursing Home Administrator, she said she had just spoken to the owners of the facility and Resident #3's representative will be reimbursed by the end of the week for the bill. A phone interview was conducted with Resident #3's (representative) on _____ at 1:30 p.m. She said, they are not paying Resident #3's phone bill. She said, "I have paid it, and they have not reimbursed me. They are not responding to me. The social worker is writing it all down. I am very frustrated." CLASS III	N 188		
N 193 SS=E	400.022(1)(h)1, FS Resident Funds Accounting 1. The facility must establish and maintain a system that ensures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to implement an accurate and up to date system for the accounting of residents' personal funds entrusted to the facility for three (#3, #5, and #6) of three residents sampled for resident funds review. Findings included: Review of accounts records for Resident's #3, #5	N 193	Resident #3, 5, and 6 cost of care was verified with the Medicaid access eligibility portal and verified to match the Resident Fund Management Services (RFMS). A finance coordinator was hired on _____ to ensure oversight and maintenance of the Resident Fund Management Services. _____ and _____ Social Security deposits were found, added to account, and balanced for Residents #3, #5, and #6.	

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NAME OF PROVIDER OR SUPPLIER
ELON MANOR NURSING AND REHABILITATION CENT

STREET ADDRESS, CITY, STATE, ZIP CODE
**1203 E 22ND AVE
TAMPA, FL 33605**

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N 193

Continued From page 3

and #6 showed the residents' cost of care being withdrawn from their personal funds account did not consistently match what the Medicaid Access eligibility had determined, and Social Security direct deposits for _____ and _____ were not reflected in the accounts.

On _____ at 10:23 a.m. Resident #6 was observed in her room and she agreed to an interview. During the interview, she stated she had a concern with her resident trust fund, the monies held by the facility. She said, "I am not sure if my balance is accurate. A couple of months ago they took a two-month payment at one time and then no payment for my room and board bill. I worry if I have enough money there."

On _____ at 1:30 p.m. a telephone interview was conducted with Resident #3's representative. She stated she believed there was some kind of fraudulent activity going on with Resident #3's patient trust account. She stated they went in and took 500 dollars out of it, "I told them to stop."

Review of a grievance filed for Resident #5, dated _____, documented "Request RFMS (Resident Funds Management System) report thru (through current accounting)."

An interview with the Nursing Home Administrator (NHA) on _____ at 12:50 p.m., when asked the reason for the grievance, she said, it was just a request for his fund transactions. We gave them the statement, that was when we noticed the cost of care payment of \$3015.60 withdrawn from Resident #5's account, it did not make sense. The RFMS system is not accurate.

Review of Resident #5's admission record

N 193

Resident #5 cost of care payment of \$3,015.60 was verified and accurate. Resident #5 patient liability for 2025 was updated based off of the Medicaid Access system. Resident #3 RFMS account was reconciled and patient liability amount updated. Resident #6 RFMS account was reconciled, patient liability updated, and debit was explained to resident and responsible party.

All residents with personal funds accounts were audited to ensure the correct resident cost of care was accurate and in Resident Fund Management Services. Findings were corrected and accounts reconciled to reflect accurate amounts and balances. Residents that have been discharged for the past 30 days, accounts were closed out in RFMS and refunds sent to responsible party / resident.

Quality measure audit tool was completed on all active resident's with a personal funds account to ensure the facility is maintaining a system that assures a full and complete and separate accounting according to general accounting principles of each resident's personal funds entrusted to the facility on the resident's behalf. The Nursing Home Administrator was re-educated by the COO to ensure the facility is maintaining a system that assures a full and complete and separate accounting according to general accounting principles of each resident's personal funds entrusted to the facility on the resident's behalf.

The Nursing Home Administrator or

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N 193	<p>Continued From page 4</p> <p>showed an admission date of _____, with the resident currently residing in the facility. Resident's payor source was listed as Medicaid.</p> <p>Review of Resident #5's Medicaid Access system print out listed the patient liability - room and board cost to be \$1,790.60 per month for 2024 and \$1838.60 per month for 2025.</p> <p>Review of Resident #5's Resident Fund statement for _____ through the date of survey, _____ revealed:</p> <p>Review of 2024 records showed Resident #5 had a Social Security income of \$1948.00 per month. For 2025, no direct deposit of Social Security income was listed for _____ or _____. The Cost of Care charges showed: _____ =1,790.60 _____ =1,790.60 _____ =1,790.60 _____ =3015.60 _____ =1,790.60 _____ =1,790.60 _____ =1,790.60</p> <p>No further cost of care listings were listed through _____.</p> <p>Review of Resident #3's clinical chart, the Admission Record documented an admission of _____, with the resident currently resident in the facility. Resident's payor source was Medicaid.</p> <p>A review of the Medicaid Access system print out which listed the patient liability (room and board cost) for Resident #3 to be \$1,199.64 per month for 2024 and \$1240.64 per month for 2025.</p> <p>Review of Resident #3's Resident Fund statement for _____ through the date of survey, _____ revealed: Resident #3, during 2024, had a Social Security</p>	N 193	<p>designee will complete quality reviews weekly for four (4) weeks, then monthly for 2 months thereafter to ensure ongoing and sustained compliance. Findings from the quality review audits will be reviewed and discussed by the Quality Assurance Performance Improvement (QAPI) Committee monthly for two (2) months. Non-compliance will be reviewed by the QAPI committee with direct changes to the plan as deemed necessary to ensure ongoing and sustained compliance.</p>	

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N 193	<p>Continued From page 5</p> <p>income of \$1626.00 per month. For 2025, no direct deposit of Social Security income was listed for , or . For Cost of Care charges, the review showed: =1,307.00 =1,307.00 ()=1,307.00 =1,307.00 =1,233.48 =1,199.64 =1,119.64 =2,399.28 =1,199.64 =1,899.28 =1199.64</p> <p>No further cost of care listings were listed through .</p> <p>Review of Resident #6's admission record documented an admission date of , with the resident currently resident in the facility. Resident's payor source was listed as Medicaid.</p> <p>Review of the Medicaid Access system print out which listed the patient liability (room and board cost) for Resident #6 to be \$2121.69 per month for 2024 and \$2177.82 per month for 2025.</p> <p>Review of Resident #6's Resident Fund statement for through the date of survey, showed: Resident #6, during 2024, had a Social Security income of \$1231.00 per month. For 2025, no direct deposit of Social Security income was listed for , or .</p> <p>For Cost of Care charges: =2100.00 =2188.69 ()= 2188.69 =2188.69</p>	N 193		

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N 193	<p>Continued From page 6</p> <p>=2188.69 =3000.00 =2188.69 =2188.69 =2121.69 =8000.00 =2121.69 =2121.69 (debit)=2121.69, unknown charge =2177.82</p> <p>No further entries were noted..</p> <p>The review of records for Resident #3, #5, and #6 revealed the cost of care charges for the three residents was not consistent with the patient liability determined by Medicaid Access.</p> <p>An interview was conducted with the Nursing Home Administrator (NHA) on _____ at 12:20 p.m. regarding the RFMS (Resident Fund Management System) print outs of the resident trust fund transactions. She stated the printouts were not accurate. She stated the Business Office Manager had been a _____ person who had come in once a week to handle the resident trust accounts and had left the position the preceding week to the survey. No person was currently in the BOM position. The NHA said she had formulated a Performance Improvement Plan (PIP) for the RFMS. During the interview, the NHA was requested to share the PIP. During the survey, _____, no further information was provided to the survey team as to any corrective action the facility had implemented for the irregular debits and credits within the resident trust fund accounts.</p> <p>Requested but did not receive a facility policy on accounting of resident's personal funds.</p>	N 193		

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N 201	Continued From page 7	N 201			
N 201 SS=D	<p>400.022(1)(i), FS Right to Adequate and Appropriate Health Care</p> <p>(i) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation record review and interviews, the facility failed to ensure adequate management of _____ services for two (#1 and #9) of two sampled tube fed residents out of a total of nine sampled residents related to inaccurate dating of _____ product, non-labeling of product type, rate and time of administration.</p> <p>Findings included:</p> <p>1. Review of Resident #1's admission record documented an admission of _____ and readmission of _____. The diagnosis list included but not limited to: _____; aphasia following _____; unspecified _____; unspecified severity without behavioral disturbance, _____ disturbance, _____ disturbance; lack of coordination.</p> <p>Review of Resident #1's Care Plan documented a focus - Resident is dependent upon a _____ to meet nutritional and fluid needs due to _____</p>	N 201	<p>A new _____ was immediately hung, verified, dated, and timed by the licensed Nurse for residents #1 and #9. The Director of Nursing immediately completed quality review for residents #1 and #9 to ensure _____ is being provided in accordance with the MD order accurate product, hang time, _____ rate, and date is clearly displayed.</p> <p>Complete quality review of current residents within the facility receiving _____ feeding to ensure accuracy of following MD order for _____ feeding as follows; accurate product, hang time, _____ rate, and date is clearly displayed on _____ containers.</p> <p>Revision of current policy and procedure for _____ feed. The Director of Nursing or designee will re-educate the current licensed nurses on the _____ tube management policy and procedure and the nurse's responsibilities when caring for a resident with an _____</p>		

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N 201	<p>Continued From page 8</p> <p>(d/t) The interventions included: Provide feeding and H2O flushes per orders.</p> <p>Review of Resident #1's & Flushes Flow Record for reflected the following physician orders: -Between 10am & 2pm-flush the every hour with 30 ML (milliliter) water. The flow sheet had no documentation that indicated staff performed the service on for 10 a.m., 11 a.m., 12 p.m., 1 p.m. and 2 p.m. and on and no documentation for the 2 p.m. flush. -Provide 200 ML flush every 6 hours (800 ML/Day) The flow sheet had no documentation for at 12 p.m. and 6 p.m.; at 12 p.m. and 6 p.m.; for at 12 a.m. and 6:00 a.m. -Jevity 1.5 @ 45 ML/hour for 20 hours via 10 a.m. off, 2 p.m. on" The flow sheet had no documentation for</p> <p>On at 2:43 p.m. A review of Resident #1's & Flushes Flow Record for with the Director of Nursing (DON) was conducted. When the DON was asked about the blanks in the record, she stated she did not know why staff had not initialed.</p> <p>On at 2:49 p.m., an observation was conducted with the DON of Resident #1's set up. The machine was not on. Resident #1 was observed in bed. An observation of the bag with product was conducted. No product name was present on the bag. The resident's name, room number, and date of was on the bag. No time was documented on the bag or rate. The bag was full with product up to the "1000" mark.</p>	N 201	<p>The Director of Nursing or designee will complete quality reviews daily for 2 weeks, weekly for 4 weeks, then monthly for 2 months.</p> <p>Findings from the quality review audits will be reviewed and discussed by the Quality Assurance Performance Improvement (QAPI) Committee monthly for 3 months. Non-compliance will be reviewed by the QAPI committee with direct changes to the plan as deemed necessary to ensure ongoing and sustained compliance.</p>	

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N 201	<p>Continued From page 9</p> <p>An interview was conducted on _____ at approximately 2:50 p.m. with Staff A, Licensed Practical Nurse. She stated she was coming on shift and had worked the day before. She stated she had hung the bag at 6:00 a.m. this morning (_____). She reported the product in the bag was "Jevity". When asked why the product had been transferred from the original packaging to the hanging bag, she stated it was a tubing issue, that the spike tubing for the Jevity bottle on the 2nd floor was not available; she said she had completed the hanging process as the preceding nurse had not completed it.</p> <p>2. Review of Resident #9's admission record documented an admission of _____. The diagnosis list included but not limited to _____, _____ status and bed confinement status.</p> <p>Review Resident #9's chart, a physician telephone order, dated _____: Jevity 1.5 @ 60 ml/ hr. for 20 hrs. & Flush 150 ml every 4 hours.</p> <p>Review of Resident #9's Care Plan, Focus area: The resident has nutritional problem r/t (diagnosis), limited mobility, NPO (nothing by _____) status, _____ nutrition to meet nutritional needs, _____.</p> <p>On _____ at 9:57 a.m., Resident #9 was observed in bed watching television. Resident #9 was observed to have a _____ set up next to her bed. The food product bottle, Jevity, was observed to be empty. The label on the bottle had areas for staff to put the patient's name, room number, date, start a.m. or p.m. and rate. The rate was blank, documented was the name, room number, hung on _____ at 14:10.</p>	N 201		
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N 201	<p>Continued From page 10</p> <p>On _____ at 3:05 p.m., a review of Resident #9's _____ set up was reviewed with the DON. The bottle in place on the stand, Jevity 1.5 calorie, was observed to be full of product, up to the "1000" mark; had Resident #9's name, room number, _____ for the date hung, no time, and no rate.</p> <p>(Photographic Evidence Obtained)</p> <p>Class III</p>	N 201		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/27/2025
FORM APPROVED
OMB NO. 0938-0391

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 C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ELON MANOR NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1203 E 22ND AVE TAMPA, FL 33605		
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F 000	INITIAL COMMENTS A complaint survey for complaint numbers 2024016314 and 2025000978 was conducted on at Elon Manor Nursing and Rehabilitation Center, Tampa, FL. The facility was not in compliance with 42 CFR, Part 483, Requirements for Long Term Care Facilities. Complaint number 2024016314 had deficiencies cited at F693 Complaint number 2025000978 had deficiencies cited at F568, F569 and F585	F 000			
F 568 SS=E	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C) The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to implement an accurate and up to date system for the accounting of residents' personal funds entrusted to the facility for three (#3, #5, and #6) of three residents sampled for resident funds review. Findings included:	F 568	Resident #3, #5, and #6 cost of care was verified with the Medicaid access eligibility portal and verified to match the Resident Fund Management Services (RFMS). A finance coordinator was hired on to ensure oversight and maintenance of the Resident Fund Management Services. , and		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 568	<p>Continued From page 1</p> <p>Review of accounts records for Resident's #3, #5 and #6 showed the residents' cost of care being withdrawn from their personal funds account did not consistently match what the Medicaid Access eligibility had determined, and Social Security direct deposits for _____ and _____ were not reflected in the accounts.</p> <p>On _____ at 10:23 a.m. Resident #6 was observed in her room and she agreed to an interview. During the interview, she stated she had a concern with her resident trust fund, the monies held by the facility. She said, "I am not sure if my balance is accurate. A couple of months ago they took a two-month payment at one time and then no payment for my room and board bill. I worry if I have enough money there."</p> <p>On _____ at 1:30 p.m. a telephone interview was conducted with Resident #3's representative. She stated she believed there was some kind of fraudulent activity going on with Resident #3's patient trust account. She stated they went in and took 500 dollars out of it, "I told them to stop."</p> <p>Review of a grievance filed for Resident #5, dated _____, documented "Request RFMS (Resident Funds Management System) report thru (through current accounting)."</p> <p>An interview with the Nursing Home Administrator (NHA) on _____ at 12:50 p.m., when asked the reason for the grievance, she said, it was just a request for his fund transactions. We gave them the statement, that was when we noticed the cost of care payment of \$3015.60 withdrawn</p>	F 568	<p>Social Security deposits were found, added to account, and balanced for Residents #3, #5, and #6. Resident #5 cost of care payment of \$3,015.60 was verified and accurate. Resident #5 patient liability for 2025 was updated based off of the Medicaid Access system. Resident #3 RFMS account was reconciled and patient liability amount updated. Resident #6 RFMS account was reconciled, patient liability updated, and debt was explained to resident and responsible party.</p> <p>All residents with personal funds accounts were audited to ensure the correct resident cost of care was accurate and in Resident Fund Management Services. Findings were corrected and accounts reconciled to reflect accurate amounts and balances. Residents that have been discharged for the past 30 days, accounts were closed out in RFMS and refunds sent to responsible party / resident.</p> <p>Quality measure audit tool was completed on all active resident's with a personal funds account to ensure the facility is maintaining a system that assures a full and complete and separate accounting according to general accounting principles of each resident's personal funds entrusted to the facility on the resident's behalf. The Nursing Home Administrator was re-educated by the COO to ensure the facility is maintaining a system that assures a full and complete and separate accounting according to general accounting principles of each resident's</p>	

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F 568	<p>Continued From page 2</p> <p>from Resident #5's account, it did not make sense. The RFMS system is not accurate.</p> <p>Review of Resident #5's admission record showed an admission date of _____, with the resident currently residing in the facility. Resident's payor source was listed as Medicaid.</p> <p>Review of Resident #5's Medicaid Access system print out listed the patient liability - room and board cost to be \$1,790.60 per month for 2024 and \$1838.60 per month for 2025.</p> <p>Review of Resident #5's Resident Fund statement for _____ through the date of survey, _____, revealed:</p> <p>Review of 2024 records showed Resident #5 had a Social Security income of \$1948.00 per month. For 2025, no direct deposit of Social Security income was listed for _____ or _____.</p> <p>The Cost of Care charges showed:</p> <ul style="list-style-type: none"> _____ =1,790.60 _____ =1,790.60 _____ =1,790.60 _____ =3015.60 _____ =1,790.60 _____ =1,790.60 _____ =1,790.60 <p>No further cost of care listings were listed through _____.</p> <p>Review of Resident #3's clinical chart, the Admission Record documented an admission of _____, with the resident currently resident in the facility. Resident's payor source was Medicaid.</p> <p>A review of the Medicaid Access system print out which listed the patient liability (room and board cost) for Resident #3 to be \$1,199.64 per month</p>	F 568	<p>personal funds entrusted to the facility on the resident's behalf.</p> <p>The Nursing Home Administrator or designee will complete quality reviews weekly for 4 weeks, then monthly for 2 months thereafter to ensure ongoing and sustained compliance. Findings from the quality review audits will be reviewed and discussed by the Quality Assurance Performance Improvement (QAPI) Committee monthly for 2 months. Non-compliance will be reviewed by the QAPI committee with direct changes to the plan as deemed necessary to ensure ongoing and sustained compliance.</p>		

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F 568	<p>Continued From page 3</p> <p>for 2024 and \$1240.64 per month for 2025. Review of Resident #3's Resident Fund statement for _____ through the date of survey, revealed: Resident #3, during 2024, had a Social Security income of \$1626.00 per month. For 2025, no direct deposit of Social Security income was listed for _____ or _____. For Cost of Care charges, the review showed: <ul style="list-style-type: none"> =1,307.00 =1,307.00 ()=1,307.00 =1,307.00 =1,233.48 =1,199.64 =1,119.64 =2,399.28 =1,199.64 =1,899.28 =1199.64 </p> <p>No further cost of care listings were listed through _____.</p> <p>Review of Resident #6's admission record documented an admission date of _____, with the resident currently resident in the facility. Resident's payor source was listed as Medicaid.</p> <p>Review of the Medicaid Access system print out which listed the patient liability (room and board cost) for Resident #6 to be \$2121.69 per month for 2024 and \$2177.82 per month for 2025. Review of Resident #6's Resident Fund statement for _____ through the date of survey, _____ showed: Resident #6, during 2024, had a Social Security income of \$1231.00 per month. For 2025, no direct deposit of Social Security income was listed for _____ or _____.</p>	F 568			

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F 568	<p>Continued From page 4</p> <p>For Cost of Care charges:</p> <ul style="list-style-type: none"> =2100.00 =2188.69 () = 2188.69 =2188.69 =2188.69 =3000.00 =2188.69 =2188.69 =2121.69 =8000.00 =2121.69 =2121.69 (debit)=2121.69, unknown charge =2177.82 <p>No further entries were noted..</p> <p>The review of records for Resident #3, #5, and #6 revealed the cost of care charges for the three residents was not consistent with the patient liability determined by Medicaid Access.</p> <p>An interview was conducted with the Nursing Home Administrator (NHA) on _____ at 12:20 p.m. regarding the RFMS (Resident Fund Management System) print outs of the resident trust fund transactions. She stated the printouts were not accurate. She stated the Business Office Manager had been a _____ person who had come in once a week to handle the resident trust accounts and had left the position the preceding week to the survey. No person was currently in the BOM position. The NHA said she had formulated a Performance Improvement Plan (PIP) for the RFMS. During the interview, the NHA was requested to share the PIP. During the survey, _____, no further information was provided to the survey team as to any</p>	F 568			

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F 568	Continued From page 5 corrective action the facility had implemented for the irregular debits and credits within the resident trust fund accounts. Requested but did not receive a facility policy on accounting of resident's personal funds.	F 568			
F 569 SS=E	Notice and Conveyance of Personal Funds CFR(s): 483.10(f)(10)() (v) §483.10(f)(10)() Notice of certain balances. The facility must notify each resident that receives Medicaid benefits- (A) When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and (B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI. §483.10(f)(10)(v) Conveyance upon discharge, eviction, or Upon the discharge, eviction, or of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of , the individual or probate jurisdiction administering the resident's estate, in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure personal funds deposited with the facility were conveyed to the resident or resident representative within thirty days after discharge or for three (#4, #7, #8) of three residents	F 569	Resident #4, # 7, #8 personal funds accounts were reconciled, closed out, then issued the balance. A finance coordinator was hired with a responsibility of maintain resident funds accounts.		

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F 569	<p>Continued From page 6</p> <p>sampled for return of funds in a timely manner.</p> <p>Findings included:</p> <p>On _____, the facility provided a list of residents with personal trust fund accounts. During the review of the list provided, three residents were sampled for conveyance of funds, Resident #4, #7, and #8.</p> <p>Review of the facility's "Resident Fund Management Services" (RFMS), listing the following residents and resident fund balances as of _____:</p> <p>Resident #4, with a balance of \$3, 814.35. Resident #7, with a balance of \$1,470.59. Resident #8, with a balance of \$340.54</p> <p>Review of Resident #4's clinical chart the admission record, documented an initial admission of _____, readmission of _____; and a discharge to the community on _____.</p> <p>Review of Resident #7's clinical chart, the admission record, documented an admission of _____, and discharge date of _____.</p> <p>Review of Resident #8's clinical chart, the admission record, documented an admission of _____, and discharge of _____.</p> <p>On _____ at 12:20 p.m. an interview was conducted with the Nursing Home Administrator (NHA). She stated the RFMS information was not accurate but provided no alternative information regarding the balances listed.</p>	F 569	<p>Current residents with personal funds accounts were audited. Findings were corrected and accounts reconciled to reflect accurate amounts and balances. Residents that have been discharged for the past 30 days, accounts were closed out in RFMS and refunds sent to responsible party / resident.</p> <p>Nursing home administrator was re-educated by COO to ensure residents with personal funds deposited with the facility were conveyed to the resident or resident representative within 30 days after discharge or _____. The Nursing Home Administrator or designee will complete quality reviews weekly for 4 weeks, then monthly for 2 months thereafter to ensure ongoing and sustained compliance.</p> <p>Findings from the quality review audits will be reviewed and discussed by the Quality Assurance Performance Improvement (QAPI) Committee monthly for 3 months. Non-compliance will be reviewed by the QAPI committee with direct changes to the plan as deemed necessary to ensure ongoing and sustained compliance.</p>		

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F 569	Continued From page 7	F 569			
F 585 SS=D	<p>Grievances CFR(s): 483.10((j)(1)-(4))</p> <p>§483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally</p>	F 585			

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F 585	Continued From page 8 (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; () Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a	F 585			

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F 585	<p>Continued From page 9</p> <p>summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a prompt resolution to a grievance for one (#3) of nine sampled residents.</p> <p>Findings included:</p> <p>An interview was conducted on _____ at 12:27 p.m. with the Social Service Director (SSD). A review of three grievances for Resident #3 was conducted.</p> <p>The SSD stated, one grievance, received on _____, the (resident's representative) wanted the phone bill paid for Resident #3. The (resident's representative) was upset that the bill was not paid. The representative communicated to the business office who said they were going to</p>	F 585	<p>The Social Services Director spoke with resident #3 responsible party to communicate the facilities effort to a prompt resolution. The phone bill monies were withdrawn from resident #3 personal funds account and reimbursed to the responsible party on _____. The facility will manage resident #3 monthly phone bill going forward.</p> <p>The facility will manage residents personal accounts for those that the facility is the designated payee. The Social Services Director and Nursing Home Administrator conducted a complete audit of all grievances in the past 2 months to ensure</p>	

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F 585	<p>Continued From page 10</p> <p>pay the bill. The representative tracked the phone bill, and it was not paid. Further review of the grievance form reflected the former Nursing Home Administrator (NHA) had signed that the bill had been paid and the grievance resolved on _____.</p> <p>The SSD stated, the next grievance received on _____, the (resident's representative) was upset because the phone bill was not completely paid. Review of the grievance form reflected the former NHA signed the grievance as completed on _____.</p> <p>The SSD stated, the next grievance was received on _____, the (resident's representative) was upset because she had been told to pay the bill, and she would be reimbursed. A review of the grievance log reflected the grievance had been resolved on _____.</p> <p>An interview was conducted on _____ at 12:50 p.m. with the Nursing Home Administrator, she said she had just spoken to the owners of the facility and Resident #3's representative will be reimbursed by the end of the week for the bill.</p> <p>A phone interview was conducted with Resident #3's (representative) on _____ at 1:30 p.m. She said, they are not paying Resident #3's phone bill. She said, "I have paid it, and they have not reimbursed me. They are not responding to me. The social worker is writing it all down. I am very frustrated."</p> <p>Review of the facility's Resident Grievance Policy & Procedure, revised _____, documented the policy: It is the policy of [name of facility] to provide an opportunity and a method for all</p>	F 585	<p>accuracy and prompt resolutions. No further corrections were identified.</p> <p>The Social Services Director or designee will conduct interviews of 4 random residents/responsible party 5x a week for 2 weeks then 2x a week for 4 weeks, then monthly for 2 months. The Social Services Director was re-educated by the Nursing Home Administrator to ensure a prompt resolution to a resident grievance. The Social Services Director or designee will re-educate the current staff on the resident grievance policy and procedure and accurate use of the grievance form with prompt resolution.</p> <p>Findings from the quality review audits will be reviewed and discussed by the Quality Assurance Performance Improvement (QAPI) Committee monthly for 3 months. Non-compliance will be reviewed by the QAPI committee with direct changes to the plan as deemed necessary to ensure ongoing and sustained compliance.</p>		

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NAME OF PROVIDER OR SUPPLIER ELON MANOR NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1203 E 22ND AVE TAMPA, FL 33605		
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F 585	Continued From page 11 residents, visitors, or designated representative to express grievances and complaints free of interference, coercion, discrimination, and/ or reprisalIt is the policy that all complaints and grievances be addressed in a timely manner.	F 585			
F 693 SS=E	<p> Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Nutrition (Includes naso- and tubes, both endoscopic and fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by methods unless the resident's clinical condition demonstrates that feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of feeding including but not limited to abnormalities, and This REQUIREMENT is not met as evidenced by: Based on observation record review and interviews, the facility failed to ensure adequate management of services for two (#1 and #9) of two sampled tube fed residents out of a total of nine sampled residents related to inaccurate dating of product, non-labeling</p>	F 693	A new was immediately hung, verified, dated, and timed by the licensed Nurse for residents #1 and #9. The Director of Nursing immediately completed quality review for residents #1 and #9 to ensure is being		

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F 693	<p>Continued From page 12 of product type, rate and time of administration.</p> <p>Findings included:</p> <p>1. Review of Resident #1's admission record documented an admission of _____ and readmission of _____. The diagnosis list included but not limited to: _____; aphasia following _____; unspecified _____; unspecified _____; unspecified severity without behavioral disturbance, _____ disturbance, _____ disturbance; lack of coordination.</p> <p>Review of Resident #1's Care Plan documented a focus - Resident is dependent upon a _____ to meet nutritional and fluid needs due to (d/t) _____. The interventions included: Provide feeding and H2O flushes per orders.</p> <p>Review of Resident #1's _____ & Flushes Flow Record for _____ reflected the following physician orders: -Between 10am & 2pm-flush the _____ every hour with 30 ML (milliliter) water The flow sheet had no documentation that indicated staff performed the service on _____ for 10 a.m., 11 a.m., 12 p.m., 1 p.m., and 2 p.m. and on _____ and _____, no documentation for the 2 p.m. flush. -Provide 200 ML flush every 6 hours (800 ML/Day) The flow sheet had no documentation for _____ at 12 p.m. and 6 p.m.; _____ at 12 p.m. and 6 p.m.; for _____ at 12 a.m. and 6:00 a.m. -Jevity 1.5 @ 45 ML/hour for 20 hours via 10 a.m. off, 2 p.m. on" The flow sheet had no documentation for _____</p>	F 693	<p>provided in accordance with the MD order accurate product, hang time, rate, and date is clearly displayed.</p> <p>Complete quality review of current residents within the facility receiving _____ feeding to ensure accuracy of following MD order for _____ feeding as follows; accurate product, hang time, rate, and date is clearly displayed on _____ containers.</p> <p>Revision of current policy and procedure for _____ feed. The Director of Nursing or designee will re-educate the current licensed nurses on the _____ tube management policy and procedure and the nurse's responsibilities when caring for a resident with an _____ The Director of Nursing or designee will complete quality reviews daily for 2 weeks, weekly for 4 weeks, then monthly for 2 months.</p> <p>Findings from the quality review audits will be reviewed and discussed by the Quality Assurance Performance Improvement (QAPI) Committee monthly for 3 months. Non-compliance will be reviewed by the QAPI committee with direct changes to the plan as deemed necessary to ensure ongoing and sustained compliance.</p>		

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F 693	<p>Continued From page 13</p> <p>On _____ at 2:43 p.m. A review of Resident #1's _____ & Flushes Flow Record for _____ with the Director of Nursing (DON) was conducted. When the DON was asked about the blanks in the record, she stated she did not know why staff had not initialed.</p> <p>On _____ at 2:49 p.m., an observation was conducted with the DON of Resident #1's _____ set up. The machine was not on. Resident #1 was observed in bed. An observation of the bag with _____ product was conducted. No product name was present on the bag. The resident's name, room number, and date of _____ was on the bag. No time was documented on the bag or rate. The bag was full with product up to the "1000" mark.</p> <p>An interview was conducted on _____ at approximately 2:50 p.m. with Staff A, Licensed Practical Nurse. She stated she was coming on shift and had worked the day before. She stated she had hung the bag at 6:00 a.m. this morning (_____). She reported the product in the bag was "Jevity". When asked why the product had been transferred from the original packaging to the hanging bag, she stated it was a tubing issue, that the spike tubing for the Jevity bottle on the 2nd floor was not available; she said she had completed the hanging process as the preceding nurse had not completed it.</p> <p>2. Review of Resident #9's admission record documented an admission of _____. The diagnosis list included but not limited to _____, status and bed confinement status.</p>	F 693			

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F 693	<p>Continued From page 14</p> <p>Review Resident #9's chart, a physician telephone order, dated : Jevity 1.5 @ 60 ml/ hr. for 20 hrs. & Flush 150 ml every 4 hours.</p> <p>Review of Resident #9's Care Plan, Focus area: The resident has nutritional problem r/t (diagnosis), limited mobility, NPO (nothing by) status, nutrition to meet nutritional needs,</p> <p>On at 9:57 a.m., Resident #9 was observed in bed watching television. Resident #9 was observed to have a , set up next to her bed. The food product bottle, Jevity, was observed to be empty. The label on the bottle had areas for staff to put the patient's name, room number, date, start a.m. or p.m. and rate. The rate was blank, documented was the name, room number, hung on at 14:10.</p> <p>On at 3:05 p.m., a review of Resident #9's , set up was reviewed with the DON. The bottle in place on the stand, Jevity 1.5 calorie, was observed to be full of product, up to the "1000" mark; had Resident #9's name, room number, for the date hung, no time, and no rate.</p> <p>Review of the facility's policy and procedure for Tube Management revised on 11/2024, included - The nurse's responsibilities when caring for a patient with an tube include the following: Assessing the tube placement and patency Assessing and cleansing the insertion site Administering medication Irrigating/flushing the tub</p>	F 693			

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F 693	Continued From page 15 Suctioning the tube Monitoring for complications (Photographic Evidence Obtained)	F 693			