Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963950	A. BUILDING: _____ B. WING _____	R 03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPIRE AT BENEVA VILLAS	743 S. BENEVA ROAD SARASOTA, FL 34232

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced follow up survey was conducted on at Aspire at Beneva Villas, an assisted living facility, in Sarasota, Florida. This was a follow up to complaint survey for #2025000594 and #2025000042 conducted on . The following is the description of the deficiencies. .	{A 000}		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified;	A 056		

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A 056	Continued From page 1	A 056		

for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.
(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed,

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A 056	Continued From page 2 and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure medications were refilled/reodered in a timely manner for 3 (#9, #10, #11) of 3 residents reviewed. The findings included: Reordering, Changing & Discontinued Medication Orders. Policy: The facility will communicate any medication reorders, changes or discontinuations to the pharmacy in accordance with pharmacy guidelines and state/federal regualtions, thus ensuring standardized processof communication. . . 2. The facility will automatically receive medication when it is due unless the form is signed by a nurse and faxed to the pharmacy for immediate delivery. Procedures: Medication orders submitted to pharmacy should be received by 11 a.m. If the	A 056		

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A 056	Continued From page 3 drug is in stock will be filled for same day delivery depending on location of the facility and urgency of the treatment needed. If the drug is out of stock on un stocked by the pharmacy it will be ordered from the pharmacy's wholesaler immediately and delivered the next day. Medication observation record reconciliation for Resident # 9 showed that medication 2 mg was unavailable and not given to Resident #9 on and . Medication observation record reconciliation for Resident # 10 showed that medication Hfa 220 mg was unavailable and not given to Resident #10 on , , and . Medication observation record reconciliation for Resident # 11 showed that the following medications were not given to Resident #11 on : , 75 mcg. The following medications were not given to Resident #11 on : , 2.5 mg, , 10 mg,. The following medications were not given to Resident #11 on . 240 mg, , 2.5 mg, 10 mg. hydralalazine 10 mg, 50 mg, metoprorol 25 mg, , , 40 mg, rosuvastatin 20 mg. There was no explanation on the medication observation record indicating why resident #11 did not receive the medications on , , and . On at 10:00 a.m., during an interview, the Director of nursing (DON) said all medications were on automatic cycle. The evening nurse was responsible to receive all medications and after ensuring they were correct, place them in the	A 056		

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A 056	Continued From page 4 medication cart. All medications technicians were to fill out a form with missing medications and give it to the nurse working. If the medication refill form came in before 11 a.m. all medications were to be refilled the same day. If it was after 11:00 a.m. the medications were to be refilled the next day. The DON said Resident #11 was not in the hospital and could not provide an explanation as to why Resident #11 did not receive the medications. The DON said that the staff responsible for assisting Resident #11 with self administration of medications was terminated on On at 3:00 p.m. The DON acknowledged that medications for Resident #9, #10, #11 were not refilled in a timely manner and subsequently were not given to the residents. Class III	A 056		