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
	AL11969235	A. BUILDING: _____ B. WING _____	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF CITRUS HILLS	850 W NORVELL BRYANT HWY HERNANDO, FL 34442

(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 change of ownership licensure survey with Emergency Power Plan and visitation requirements monitoring was conducted at The Summit of Citrus Hills (formerly Grand Living at Citrus Hills) on through . Deficiencies were identified at the time of survey.	A 000		
A 053	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if	A 053		

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A 053	Continued From page 1 facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure licensed staff members administered medications in accordance with a health care provider's order or prescription label for 1 out of 2 sampled residents (Resident #12). The findings include: On at approximately 11:30 AM, a medication pass was observed in the Memory care unit for Resident #12. Staff C, LPN (Licensed Practical Nurse) unlocked the medication cart, and checked the Medication Administration Record (MAR) and medication label. Staff C took out a pre-filled syringe with a medication dose (gel). Staff C put on gloves, squeezed the gel in the syringe (each syringe prefilled with one dose-0.5 ml gel) into her , and contacted the resident who was in the common area. Staff C advised the resident of the medication orally, rubbed the gel into the resident's , and then documented the administration in the MAR. Review of the medication label and MAR revealed it stated, " , gel 1 MG (milligram)/ML (milliliter) apply 0.5 ML (0.5 MG) , , to inner three times daily 30 min (minutes) prior to oral med (medication) administration." The	A 053		

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