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 _____	01/08/2026

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

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A 000	Initial Comments A relicensure, emergency power plan monitoring, health facility reporting system and complaint #2025015422 was conducted at Aviata at Beneva Villas on throuh . Deficiencies were identified at the time of survey. .	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .	A 052		

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(d) Applying , medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .
(4) Assistance with self-administration of medication does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a of the body.
(d) Administration of , preparations.
(e) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with , , or preparations.
(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.
(h) Medications for which the time of administration, the amount, the strength of

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dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.

59A-36.008
(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.
(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.
(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.

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A 052	Continued From page 3 (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure staff who assist with self-administration of medications do so appropriately for 4 (Residents #7, #11, #13, and #14) observed during medications.	A 052		

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A 052	Continued From page 4 The findings included: On at 9:14 a.m., observed Medication Technician Staff B assist with medications for Resident #11. Staff B stood in the hall and knocked on the apartment door and said, "I have your medication." Resident #11 stood in the doorway. Staff B read the medication names and placed each medication in the plastic cup. Staff B did not tell Resident #11 the doses of the medication given. Staff B did not perform hygiene and continued to the next resident. On at 9:17 a.m. observed Staff B assist with medications for resident #7. The resident walked to the doorway. Staff B read the medication names to Resident #7 and placed each medication in the plastic cup. Staff B did not tell Resident #7 the doses of the medication given. No hygiene was performed by staff B when assisting with medications between Resident #11 and #7. On at 9:20 a.m., during an interview Staff B confirmed she did not tell Residents #11 and #7 the doses of their medications. Staff B said she was trained to tell the resident the doses, but this time she did not. Staff B confirmed she did not perform hygiene between medication assistance for Residents #11 and #7. She said she was trained to wash or sanitize her between residents but this time she did not. On at 10:03 a.m., during an interview, Resident #7 said the medication staff routinely neglect to tell them the names and the doses of the medications. Resident #7 said she was shocked when she heard the names of her medications, as "they never do that."	A 052		

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A 052	Continued From page 5 On at 4:24 p.m., observed Staff F assist with medications for Resident #13 including , and oral medication. Staff F donned gloves and took the , , into Resident #13's apartment. Staff F donned gloves and assisted with the , , . No hygiene was performed. Staff F did not tell Resident #13 the name or dose of the , , . Staff F left the apartment and placed the oral medications into the cup for Resident #13. Staff F told Resident #13 the medication was the , pill and the medication. Staff F did not orally advise the Resident #13 of the name or dosages of the 2 oral medications given. Staff F removed her gloves, no hygiene was performed. Staff F continued to the next resident. On at 4:29 p.m., observed Staff F assist with medications for Resident #14. Staff F donned a pair of gloves. No hygiene was performed. Staff F placed 2 medications including , and in the plastic cup. Staff F entered the apartment and advised the Resident 14 of the names of the medications. Staff F did not tell Resident #14 the dosages of the medications given. On at 4:35 p.m., during an interview, Staff F confirmed she did not tell Resident #13 the names or dosages of the medications and she did not tell Resident #14 the dosages of the medications. Staff F confirmed she failed to perform hygiene between residents and is aware she should have. On at 1:30 p.m., during an interview, the Administrator said he was a nurse and was previously employed as the Director of Nursing for the facility. He said the facility does not use	A 052		

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A 052	Continued From page 6 waivers excusing the medication staff from orally advising residents of the names or doses of their medications. The Administrator said it is a standard of care that medication staff perform hygiene before and after applying gloves, before and after assisting with medications and between residents when assisting with medications. Class III	A 052		

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ZZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

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is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.

(4) . . . Licensees providing residential or inpatient services must utilize an online database

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approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.

This Statute or Rule is not met as evidenced by:
Based on record review, and interview that facility failed to maintain documentation of a current Comprehensive Emergency Management Plan approved by the local Emergency Management Agency to protect the safety and welfare of its residents in the event of a disaster.

The findings included:

On at 9:00 a.m., a request was made to the Administrator for the facility's approved Comprehensive Emergency management plan (CEMP). The Administrator said he became the Administrator at the end of and he did not have information regarding the facility's CEMP, but will look into it.

On at 2:00 p.m. the Administrator provided an approved CEMP letter dated . The letter indicated the facility's CEMP plan was approved for 12 months from the date of the letter. The Administrator provided documentation of email correspondence dated indicating the previous Administrator received an email with a list of items missing from the CEMP previously submitted. On there was an email submitted by the previous Administrator to the local Emergency management office indicating attachments were submitted.

On at 8:02 a.m. during an interview, the Administrator said he looked at all the information, but was unable to find any additional documents. He said he accessed the local

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ZZ830	Continued From page 3 CEMP Portal and provided a print out that showed that the last CEMP approval was on and the plan expired on , and according to the CEMP portal the last CEMP submission was . The Administrator said he had no follow up documentation since the last CEMP submission. The Administrator provided documentation of email correspondence which indicated he reached out to the emergency management office on regarding the facility CEMP. The Administrator said he received a reply dated indicating the CEMP was approved. The documentation in the attachment received by the Administrator when opened was the CEMP approval for the nursing home facility next door. The facility currently has no documentation of an approved CEMP. Class III	ZZ830		