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
	AL11942812	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA OF SARASOTA	730 SOUTH OSPREY AVENUE SARASOTA, FL 34236

(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 A relicensure, emergency power plan monitoring, and health facility reporting system survey was conducted at Grand Villa of Sarasota on through . Deficiencies were identified at the time of the 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	A 052		

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A 052	Continued From page 1 or her . (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	A 052		

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A 052	Continued From page 2 administration, the amount, the strength of 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	A 052		

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A 052	Continued From page 3 resident's record. (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, interview, and record review, the facility failed to perform hygiene before assisting with medications and between assisting with medications for 3 (Residents #13,	A 052		

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A	Continued From page 4 #14, and #15) out of 3 residents reviewed. The facility failed to orally advise the resident the name and dose of the medication during assistance for 1 (Resident #12) out of 3 residents reviewed for assistance with medications self-administration. The findings included: Review of the Facility's Control/Universal Precautions Policy and Procedure page 35 Under: " Control When Providing Assistance Self Administration of Medication, 1. Employees must wash or sanitize before and after providing assistance with self-administration of medication to each resident. Review of the Facility's Medication Pass Policy and Procedure page 58 Under "Read Aloud: a. All Medication Technicians are required to complete this step. . . Read the following aloud to the resident for each medication prior to dispensing: i. name and ii. directions." On at 11:31 a.m., observed Medication Technician Staff G assist Resident #12 with medications in the dining room. Staff G placed one oral and one , medication in the cup and walked over to the resident. Staff G notified the resident that she had the pill and the treatment for the right . Staff G did not orally advise the resident of the names or doses of the medications. On at 1:08 p.m., observed Medication Technician Staff D assist with medications for Resident #13. Staff D used bare to handle the keys and open the medication storage cart. Staff D touched the computer screen, the plastic	A 052		

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A 052	Continued From page 5 drink cup, and plastic medication cup. Staff D got the medication out of the drawer and placed it in the cup. Staff D took the medication to Resident #13, who was sitting in the dining room. Staff D did not use sanitizer prior to assisting the resident with the medication. After the resident had swallowed the pill, Staff D walked to the medication storage cart and put the cups in the trash can. Staff D's right touched the trash can. Staff D touched the computer screen and signed off on the medication computer. She said she would assist the next resident. On at 1:10 p.m., observed Staff D remove the pill packs from the storage cart, and place the medication in the cup for Resident #14. She poured water into the cup and took the medication and water to the resident who was in the dining room. Staff D did not use sanitizer prior to assisting Resident #14. After the resident had swallowed the medication, Staff D went to the storage cart and placed the cups in the trash can. Staff D did not sanitize her after the medication pass. Staff D put the medications away and began another med pass. On at 1:14 p.m., observed Staff D began medication assistance for Resident #15. Staff D did not use sanitizer prior to beginning the medication assistance. Staff D placed the pills in the cup and took them to #15. The resident would not swallow the medication. Staff D brought the medication to the medication storage cart. She placed the medication in the storage cart and said she would try a few minutes later. Staff D did not sanitize her . On at 1:23 p.m., during an interview, Medication Technician Staff D confirmed she did not sanitize or wash her between	A 052		

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A 052	Continued From page 6 Residents #13, #14, and #15. Staff D acknowledged there was a bottle of -based sanitizer sitting on top of the medication cart she was using . Staff D said she was aware she needed to use the sanitizer, but she forgot. On at 11:44 a.m., during an interview, the Resident Care Manager/Licensed Practical Nurse (LPN) of the facility said staff must either wash or sanitize their between residents when assisting with medications. On at 12:11 p.m., during an interview, the Memory Care Manager/Registered Nurse (RN) said staff should orally advise the residents of the medication name and dose and sanitize their before starting medication assistance and between residents during medication assistance. On at 12:40 p.m., during an interview, Medication Technician Staff G said she failed to orally advise when assisting with medications for Resident #12. She said she should have told the resident the names and doses of the medications. Class III .	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination	A 078		

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A 078	Continued From page 7 performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.	A 078		

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A 078	Continued From page 8 (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure employees hired submitted a written statement signed by a healthcare provider indicating freedom from signs and symptoms of communicable ( ) 60 days prior to hire or 30 days within hire for 2 (Staff D, E) of 4 employee records reviewed. The findings included: Record review for Resident Assistant/Medication Tech Staff D revealed a hire date of 11/4/25. Further review revealed documentation of results of a completed on , documentation of a skin test questionnaire completed on , and documentation of a test given on with results read and signed on . All documentation was completed prior to 6 months before Staff D's hire date. Staff D's file contained no documentation of	A 078		

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A 078	Continued From page 9 a statement signed by a health care provider indicating Staff D was free from signs and symptoms of communicable ( ). Record review for Resident Assistant/Medication Tech Staff E revealed a hire date of 11/4/25. Further review revealed documentation of a test given on and read on . Staff E's file contained no documentation of a statement signed by a health care provider indicating Staff E was free from signs and symptoms of communicable including . On at 1:02 p.m., during an interview, the Business office coordinator (BOC) said she is the person responsible for the employee files. She makes sure the new employees receive the required orientation, and updates the training records. The BOC reviewed the employee records for Staff D and Staff E and confirmed there was no documentation of a statement from the health care provider on file for both employees. Class III .	A 078		