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
	AL11963817	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCANY VILLA OF NAPLES	8901 TAMIAMI TRAIL EAST NAPLES, FL 34113

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A 000	Initial Comments A relicensure, limited nursing services, generator monitoring, and health fac ty reporting system survey was conducted at Tuscany Villa of Naples on 12/17/25 through 12/18/25. Deficiencies were identified at the time of the survey.	A 000		
A 052 SS=E	429.256(3-5); 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 insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen 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 gn 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 hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.	A 052		

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A 052	Continued From page 1	A 052		

(d) Applying topical 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 nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
(4) Assistance with self-administration of medication does not include:
(a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or cru ng 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 cavity of the body.
(d) Administration of parenteral preparations.
(e) The use of irr gations or debriding agents used in the treatment of a skin condition.
(f) Assisting with rectal, urethral, or vaginal 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 ju gment 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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A 052	Continued From page 2 dosage, the method of administration, or the reason for administration requires ju gment 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 18 years of age 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 fac tate assistance with self-administration, trained staff may prepare and e 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.	A 052		

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A 052	Continued From page 3 (e) When a resident who receives assistance with medication is away from the fac ty and from fac ty 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 fac ty, 2. The medication container may be given to the resident, a friend, or family member upon leaving the fac ty, 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 fac ty, 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 "ju gment" and "discretion" mean interpreting vital gns and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the fac ty's infection control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, and interviews with staff, the fac ty failed to ensure that unlicensed staff (Staff D) followed regulations when she provided assistance with self-administration of medication for 3 (Residents #11, #12, #13) of 3 residents	A 052		

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A 052	Continued From page 4 observed. The findings included: On 12/18/25 at 8:35 a.m., Medication Technician (MT) Staff D was observed preparing Resident #11's oral medications. No hand hygiene was observed before she started preparing medications (meds) for the resident. The MT then went to wellness room to get another medication cart before passing medications to the next resident and without using proper hand hygiene. There was no documentation on the paper medication observation record (MOR) after completing the medication pass. On 12/18/25 at 8:53 a.m., Staff D was observed preparing Resident #12's oral and nasal medications. There was no hand hygiene performed prior to preparing meds. Staff D had no gloves on, she walked 30 feet away from the unlocked cart to another coworker to get gloves from her. She popped his medications into a medication cup. There was no hand hygiene performed before donning the gloves. Next she gave a nasal spray to Resident #12 and put the nasal spray back in box. Staff D then doffed her gloves and went back to the cart with no hand hygiene performed after doffing. There was no documentation on the MOR after the medication pass. On 12/18/25 at 9:12 a.m., Staff D was observed preparing Resident #13's oral medications. She had taken the elevator downstairs, and no hand hygiene was performed before preparing the medications. She forgot the medication basket at the previous medication cart, so her hands were full of medication cards when entering the resident's room. Staff D left Resident #13's	A 052		

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A 052	Continued From page 5 MiraLAX on top of the cart when she entered the room and dropped the medication cards on the resident's counter. She then went back to cart to grab the MiraLAX. Staff D was then observed to have popped the medications into the medication cup. She returned to the cart and put medications away and there was no hand hygiene performed. She did not document the medications given, and Staff D then said, "I'll gn the book upstairs because I do not have a pen here." During an interview on 12/18/25 at 1:28 p.m., the Health and Wellness Director stated, "I tell them [staff] to wash their hands any time there is any contact. If there's none in between, then we can use the wipes, otherwise they can wash every third time. If there is any contact personally, then we require handwa h ng as well. They should be saying this is your ...I don't have them [residents] gning any waivers. My expectation is for my Med Tech's [Medication Technicians] to tell them "I have your 20 g of Lasix" or whatever. I understand that some residents have a lot of medications, but I still expect them to do the r ght thing. My expectation is that the med techs tell them the correct medications and what it is for. My expectation is that they discuss it with them." Class III .	A 052		
AN276 SS=D	59A-36.022(1) FAC LNS - Nursing Services (1) NURSING SERVICES. In addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S., a fac ty with a limited nursing services license may provide nursing care to residents who do not require 24-hour nursing supervision and to	AN276		

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AN276	Continued From page 6 residents who do require 24-hour nursing care and are enrolled in hospice. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the fac ty failed to provide nursing care under Limited Nursing Services (LNS) license for 3 (Residents #88, #9, and #7) out of 3 residents reviewed, whose charges for LNS were reflected in their individual Level of Care (assessment). The findings included: Review of the fac ty policy Limited Nursing Services (Florida) Policy Number: CL-A-POL-FL 1000, Effective Date: 4/1/19, "Definitions A. A community with the appropriate "Limited Nursing" may provide the followingimited Nursing Services in addition to any nursing service permitted under a standard license: . . 6. Replacement of an established self-maintained indwelling urinary catheter or performance of intermittent urinary catheterizations. 7. Applying and changing routine dressings that do not require packing or irr gation but are for abrasions, skin tears and closed surgical wounds. 8. Care for Stage 2 pressure sores. . ." Review of the fac ty policy Title: Health Services - Outside Providers Effective Date: 11/1/14, Residents or the Resident's responsible party may arrange for on-site health care services to be provided by a licensed agency of their choice. Outside licensed health care providers include but may not be limited to: Home Health. The Home Health Care List submitted by the fac ty revealed: Resident #88's start of care was 8/11/23 for Foley	AN276		

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catheter care.
Resident #9's start of care was 12/11/24 for coccyx area pressure injury.
Resident #7's start of care was 8/6/25 for wound care.

1. Reviewed the LNS Log for May 2025; June 2025; July 2025; August 2025; September 2025; October 2025; November 2025 and December 2025 revealed Resident #88 received LNS each month for Foley Catheter Care.

Resident #88's face sheet revealed a move in date 8/9/23. Diagnosis included Presence of Urogenital Implants (Urinary catheter/Foley catheter).

Resident #88's Contract Agreement dated 8/9/23 page 5 for 4. Fees (a) monthly Charges and Trered Fee Arrangements included: "...Your Level of Care, Medication Administration rate, plus the Basic Services rate, together will equal your "Monthly Rate." The Level of Service and Medication Administration level you are a gned is based on your needs . . ."
Resident #3's Attachment C Services and Schedule of Rates showed the Level of Care Level 3 fee was $1,100.00 per month. There was no information regarding nursing services provided under LNS.

Resident #88's Service Plan dated 9/9/25 revealed Level 3 Care.
Page 6 revealed, "SPE: Service Plan Home Health/Equipment
Focus: I receive equipment/services from contracted community sources for: . . .
Goal: I will receive services/equipment from a desired source and have continued, uninterupted support of service/equipment through. . .

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AN276	Continued From page 8 Intervention: My Home Health services are provided by [name of company] for the following services; Foley Catheter Management." Page 14 revealed: "SPC Service Plan Catheter Focus: I have an indwelling catheter FR 16 with 30ml balloon. . . Intervention: I have catheter changes by [name of company] every month." The ALF (Assisted Living Fac ty) Visit Forms from the Home Health Company revealed 15 skilled nursing visits for the urinary catheter from 7/29/25, 8/13/25, 8/21/25, 8/27/25, 9/3/25, 9/8/25, 9/15/25, 9/24/25, 10/1/25, 10/9/25, 10/22/25, 11/13/25, 11/18/25, 11/25/25, and 12/10/25. Three visits documented urinary catheter changes on 9/3/25, 10/1/25, and 11/25/25. During an interview on 12/17/25 at 11:00 a.m., the Health Services Director said the fac ty employs nurses 7 days a week from 6:00 a.m. until 10:00 p.m. She said their duties include administering injectables, as needed medication, oxygen adjustment; treatments such as nebulizers; lymphedema boots and supra pubic catheter and foley catheter care including site care and gns and symptoms. They do not change the urinary catheters. Home Health change those. The Health Services Director said there is no direct charge for LNS, but the services needed are included in the resident's Level of Care. 2. Resident #9's Health Assessment Form 1823 dated 8/15/25 revealed a history of pressure wounds to buttocks. The resident's Home Health Certification and Plan of Care dated 12/11/24 revealed Primary Diagnosis "Pressure ulcer of left buttock, stage 2."	AN276		

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AN276	Continued From page 9 The Provider's Encounter Note dated 2/4/25 revealed "Beddridden patient with bony sacral protuberance and sacral ulcer previously unstagable but now milg granulation, still unstageable, but appears more as grade 2..." The ALF Visit Forms from the Home Health Company revealed Resident #9 received skilled nursing visits for wound care for pressure and/or excoriation (redness/irritation) to the buttocks/coccyx in January 2025 for 9 visits on 1/2/25, 1/6/25, 1/9/25, 1/13/25, 1/16/25, 1/21/24 (sic), 1/23/25, 1/27/25, and 1/30/25; February 2025 for 7 visits on 2/3/25, 2/7/25, 2/10/25, 2/17/25, 2/20/25, 2/24/25, 2/28/25; March 2025 for 7 visits on 3/3/25, 3/6/25, 3/10/25, 3/14/25, 3/18/25, 3/20/25, 3/24/25, 3/31/25; April 2025 for 7 visits on 4/7/25, 4/10/25, 4/14/25, 4/17/25, 4/21/25, 4/24/25, 4/28/25; May 2025 for 8 visits on 5/1/25, 5/6/25, 5/8/25, 5/12/25, 5/15/25, 5/19/25, 5/27/25, 5/29/25, ; June 2025 for 6 visits on 6/2/25, 6/5/25, 6/9/25, 6/18/25, 6/27/25, 6/30/25, ; July 2025 for 7 visits on 7/4/25, 7/7/25, 7/11/25, 7/14/25, 7/21/25, 7/18/25, 7/25/25. On 12/18/25 at 12:36 p.m., Resident #9's daughter said the Wellness Director handed the wound care to the Home Health Company. She said she thinks the wound is more healed than they say, but the Home Health Company says the visits need to keep going. 3. The resident's 1823 dated 10/16/25 revealed under Nursing/Treatment/Therapy Service Requirements, the resident required nursing, physical and ocupational therapy services. On 12/17/25 at 9:49 a.m., Resident #7 was	AN276		

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AN276	Continued From page 10 observed in the apartment with a left knee bandage. The resident said the ne ghbor's dog scratched her. The resident said the Home Health Nurse comes about once a week to change the bandage. Resident #7's Contract Agreement dated 7/31/25 revealed Level 1 care rate of $600.00 per month. The Healthcare and Ancillary Services Policy CL-AL-POL-3006, Effective Date: 10/1/19, contained within the Admission Packet, 1. Policy Statement read: "In the event that a resident's needs extend beyond the scope of the services that the community may provide, the community assists the resident and/or family with obtaining needed services from healthcare and other ancillary providers." There was no information for LNS. Resident #7's Service Plan dated 10/20/25 page 4 B3. Specify additional services revealed additional services were required for Home Health. Under C. Number of Wound sites requiring wound care: 1. Page 6 SPE. Service Paln Home Health/Equipment, Focus: I receive equipment/services from contracted community sources for SN [skilled nursing] . . . Goal: I will receive services/equipment from desired source and have continued, uninterupted support of service/equipment through. Intervention: My Home Health services are provided by [name of home health agency] for the following services SN. . . Page 27 A. Skin Intact 1. Yes; B. Identify Skin Issues. . . 15) R ght antecubital skin tear. D5. Wound care needs frequency . . . d. 3-4 times weekly. The Home Health Services ALF Visit Forms	AN276		

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AN276	Continued From page 11 revealed 22 skilled nursing visits from 8/9/25 through 12/18/25 for wound care to the resident's LLE (left lower extremity); r ght th gh, r ght hip, r ght elbow, r ght forearm, r ght lower extremity, and coccyx. Services were provided on 8/9/25, 8/11/25, 8/14/25, 8/18/25, 8/21/25, 8/25/25, 8/28/25, 9/5/25, 9/17/25, 9/22/25, 10/18/25, 10/23/25, 11/4/25, 11/10/25, 11/13/25, 11/18/25, 11/20/25, 11/28/25, 12/4/25, 12/8/25, 12/12/25, 12/15/25, 12/18/25. The ALF Visit form dated 10/18/25 revealed the resident refused to gn the consent for Home Health preferring a family member gn. Treatment was delayed as the family member was not available. 4. On 12/17/25 at 9:08 a.m., both the Administrator and the Health Services Director said the fac ty wants to renew the LNS license. On 12/17/25 at 3:41 p.m., the Health Services Director said the LNS is not a charge, but points are added to the Level of care, which would increase the residents' cost. On 12/18/25 at 2:38 p.m., the Administrator said basically they are charging for LNS in the service plan, but they are not providing the LNS to the residents. Class III .	AN276		

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ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the fingerprints are enrolled in the national retained print arrest notification program at the Federal Bureau of Inve gation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective January 1, 2026, or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or aff ation status of all persons included in the clearinghouse. 1. Before January 1, 2024, initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective January 1, 2024, initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963817	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCANY VILLA OF NAPLES	8901 TAMIAMI TRAIL EAST NAPLES, FL 34113

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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential aff ation with a qualified entity for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; ma ng address; se , and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the fac ty failed to ensure 1 (Staff E) of 3 staff records reviewed, had Level 2 background screening employment status updated within 5 business days on the Agency's Background Screening Clearinghouse (Clearinghouse) website. The findings included: Record review of Medication Technician Staff E's employee file showed a hire date of 4/24/25 and was not added until 5/9/25. During an interview on 12/18/21 at 11:21 a.m., the Business Office Manager stated, "I am the one in the Clearinghouse. I am aware of the 5-day requirement and acknowle ge the late addition of Staff E." Unclassified	ZZ814		

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
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ZZ814	Continued From page 2	ZZ814		