

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Aspire at Ridge Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 4927 Voorhees Rd New Port Richey, FL 34653	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observations, interviews and record reviews, the facility failed to ensure the medication error rate was less than 5.00%. Thirty-two medication administration opportunities were observed and four errors were identified for two (Resident #4, and 23) out of six residents observed. These errors constituted a 12.5% medication error rate. Findings include: On 6/02/2026 at 8:55 a.m., an observation was made during medication administration for Resident #23. Staff E, Licensed Practical Nurse (LPN) pulled the following medication: Folic Acid 800 micrograms one tablet from the medication cart's over the counter drawer designated over the counter drawer and administered the medication to Resident #23. A record review of Resident #23's physician orders showed an order dated 4/28/2026 for Folic acid one milligram to give one tablet by mouth in the morning for supplement. On 6/02/2026 at 10:01 a.m., an observation was made during medication administration for Resident #4. Staff F, Registered Nurse (RN) pulled the following medications: Methocarbamol 75 milligrams (mg), one tablet Oxycodone HCL (hydrochloride) 20 mg one tablet Gabapentin 600 mg one tablet A record review of Resident #4's physician orders showed an order for the following: Methocarbamol oral tablet 75 mg, give one tablet by mouth every 6 hours as needed for muscle spasms, ordered 5/08/2026 Oxycodone HCL 20 mg, give one tablet by mouth every 4 hours as needed for non-acute pain, ordered 5/202/2026 Gabapentin 600 mg, give one tablet by mouth every 8 hours for neuropathy, ordered 5/13/2026 Upon review of the Medication Administration Record (MAR) for the month of June 2026, Resident #4's Gabapentin was due at 8:00 a.m. but was administered 10:01 a.m. Upon review of the MAR for the month of June 2026, documentation for both the Methocarbamol and the Oxycodone were not documented as administered to Resident #4. On 6/03/2026 at 5:04 p.m., an interview was conducted with the Director of Nursing (DON) and the Regional Nurse Consultant (RNC). Both were notified of the erroneous concerns post medication administration. A review of the facility's policy titled: Administering Medications, revised April 2019 showed the following policy statement: Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation include but not limited to: 4. Medications are administered in accordance with prescriber orders, including any required time frame. 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). 10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------