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
	AL11911942	A. BUILDING: _____ B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUEWOOD BY MERRILL, PORT CHARLOTTE	2500 AARON STREET PORT CHARLOTTE, FL 33952

(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 relicensure, emergency power plan monitoring, generator monitoring, visitation verification, health facility reporting system verification, and complaint survey for #2023001645 was conducted on through at Truewood by Merrill Port Charlotte, an assisted living facility in Port Charlotte, Florida. Complaint #2023001645 was substantiated at A030 and A160. The following is a description of the deficiencies.	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program,	A 030		

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A 030	Continued From page 1	A 030		

1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident . . . . ., neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. . . . . control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private

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A 030	Continued From page 2	A 030		

communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to pursue

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the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , , the guardian shall be

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A 030	Continued From page 4 given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local	A 030		

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A 030	Continued From page 5 long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record reviewed, and interviews the facility failed to ensure 1 (Resident #13) out of 16 Residents reviewed lived in a decent living	A 030		

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A 030	Continued From page 6 environment and failed to follow facility's grievance policy and procedure. Findings included: Requested and obtained grievance form and policy titled: Resident Grievance and Complaint policy and procedure. Under Procedure stated the following: 1: Discuss the grievance/complaint with the GM (general manager). If there is no resolution to the matter and Resident/family does not feel comfortable discussing the mater with the GM, then 2. Discuss the grievance/complaint with the VPO (vice President of operations). If, after discussing with the VPO the Resident/family member is still unsatisfied then 3. Contact the Merrill Garden President. 4. Contact the local Long -Term Care Ombudsmen office, where applicable. 5: (second page) Ensure all concerns will be responded to within 48 hours of filling. 6. Ensure that the Resident/family member is conducted within 24 hours to solicit any additional needed information and to provide a tentative resolution date. On . . . . . at 2:47 p.m., the Administrator said that Resident #13 returned from a family vacation and found that her apartment was repaired. She said Resident #13 called the police because she believed that personal inventory belonging to her was misplaced/stolen. Administrator said that Resident #13, prior to going on vacation, was notified of the upcoming repairs. Administrator acknowledged no one from the facility called Resident #13 with the specific dates the repairs would take place. Administrator acknowledged that Resident #13 requested a . . . (an additional	A 030		

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A 030	Continued From page 7 locking device) to be placed in her door in order to prevent anyone going to her apartment during her absence. Administrator acknowledged that the was never placed in Resident #13 apartment door because the maintenance director did not follow through with the order. Administrator said she did not file a grievance even though Resident #13 was very upset to the point that she called the police to file an incident report. Administrator said she did not complete an investigation after the police left, nor talked to Resident #13 to find resolution to her issue. Administrator said she thought the police investigation was sufficient and no further action was needed on her end. The Administrator said police was in the building only once. Requested police report by administrator. Administrator said did not have a copy , but she will reach out to the police department and obtain a copy. She provided a copy on at 3:12 p.m. Police report review indicated that police was in the building twice on and . Record review found no evidence of a grievance report for Resident #13. In an interview on at 3:00 p.m., Staff G (maintenance personnel) said he was not the one responsible of notifying the residents of upcoming repairs. He said the maintenance director, who was terminated recently, was the one responsible for notifying residents. He said they have a system in place, of moving the resident's personal belongings to the middle of the room and covering with plastic. He stated he was not the one responsible for repairs in Resident #13's room and he did not know the police came to the building as result of missing items. In a telephone interview on at 8:32 a.m.,	A 030		

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A 030	Continued From page 8 Resident #13 said she was out on a family vacation. She returned expecting to be in her nice cozy room. She was shocked to see all her furniture was in the middle of the room covered with plastic. She immediately realized . . . of her clothing was missing, her coffee maker was missing, and she had several personal items missing as well. Resident #13 said she was not alone when she opened the door; another resident with her, Resident #15, who also saw the condition of the apartment. Resident #13 said she immediately called the police and filed an incident report. Resident#13 said the administrator was dismissive and told the police officer that she had . , ... and was mentally unstable. Resident #13 said as a result of that the police officer did not take her seriously. Resident #13 said Staff G came to her apartment after the police left and started screaming at her,"Why did you call the cops? You should have talk to us first." Resident #13 said the police officer returned again on and obtain a list of all missing items. Resident #13 said the administrator never discussed the issue with her. Resident #13 said, before leaving on vacation, she asked the business office manager to remind them to put a locking . . . on the door to her apartment. Resident #13 said the administrator never addressed the fact that the . . . was never placed on her apartment door. The resident said the administrator never apologized to her. Resident #13 said her renter's insurance claim was denied since the administrator disclosed inaccurate heath information about her to the police in an attempt to, "decimate her character'. Resident #13 said, "That is my home, they came in and ransacked the place with out my permission. No one even called me. I asked for the locking . . . and the business office manager knew about it. She told the police I was ,	A 030		

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A 030	Continued From page 9 and mentally unstable. My insurance claim was denied based on that. I feel violated. That was my home, I was suppose to be safe there." Resident #13 was discharged on . Record review of the police report obtain by Resident #13 included the following wording: "Resident #13 is on medication for her , and is mentally unstable". Record review of the police report received by the facility was identical but was missing the sentence that stipulated that Resident #13 was on , medications and is mentally unstable. On at 8:55 a.m., the administrator was asked why the sentence that indicated that Resident #13 was on medication for her , and is mentally unstable was missing from the report the facility provided to the surveyor. In response to the discrepancies in the two reports, the administrator initially said that the police did not interview her, but then said they did asked her some questions but she did not recall any specifics. The administrator acknowledged that the resident and she were present at the time the police investigation. The administrator said she only had the one police report and had just received it from the police department. She said she did not know how the police officer was made aware of Resident #13 diagnosis. The administrator said she would have never disclosed that information since it would be a HIPPA violation. A review of the Health assessment for Resident #13 was completed on . The report did not include a diagnosis of , . Furthermore, per assessment, Resident #13 was deemed capable to self-administer medications.	A 030		

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A 030	Continued From page 10 There was nothing in the record indicating that Resident #13 was not able to make decisions or was mentally unstable. In an interview on [redacted] at 10:00 a.m., Resident #15 said she was there when Resident #13 saw her apartment. She said everything was in the middle and covered with plastic. Resident #15 said Resident #13 immediately realized things were out of place and lots of her clothes and other things were missing. She said Resident #13 was understandably upset and said she was going to call the police. In an interview on [redacted] at 10:10 a.m., the business office manger said Resident #13 never requested a [redacted] to be placed on her apartment door while she was gone. He said he had nothing to do with that and if anything the maintenance director would have been the one responsible for that, not him. Class III	A 030		
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 [redacted] syringe that is prefilled with the proper dosage by a pharmacist and an [redacted] that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming	A 052		

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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 .
(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.

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A 052	Continued From page 12 (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 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	A 052		

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(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 052	Continued From page 13	A 052		

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.
(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

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A 052	Continued From page 14 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 and interview, the facility failed to ensure staff who assist residents with self-administration of medications do so in accordance with proper procedure for 3 (Residents #8, #11, and #12) of 3 medications observations. The findings included: Review of facility policy; Medication Management, Revised . . . . . ., Reviewed . . . . . - Policy Purpose: Medication is managed in accordance with applicable state and federal laws. The health services Director, Resident Care Director, Garden House Director and General Manager are responsible for monitoring community compliance. The following guidelines apply unless superseded by specifically stated exceptions due to additional or enhanced licensure status. Uncertified med passers: Caregivers who are uncertified as medication aides or unlicensed caregivers may provide assistance with or supervision of self-administered medication only to those residents who are capable of self-administration or who require assistance with their medications and the residents are able to exercise judgement and choice about taking medications and are able	A 052		

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A 052	Continued From page 15 to . . . . . any physical reactions to the medications. All team members who assist in supervising medications for residents who are not capable of independent self-administration must be functionally literate (i.e. able to read medications label and act in accordance with instructions). Such team members assistance with or supervision of self-administered medications may only be provided for unit or multi-dose package medication prescribed for the resident and may include only the following tasks: Taking medication in its previously dispensed properly labeled container, from where it is stored and bringing the medication to the resident. Reading the label, opening the container, removing a prescribed amount of the medication from the container, and closing the container, in the presence of the resident. Placing an oral dosage in the resident's . . . or placing the dosage in another container where the resident requires assistance. Documenting the observed dosage taken by the resident, the date, and the name of the team member supervising the medications, and PRN documentation. On at 8:56 a.m., Staff D {med tech} was observed assisting Resident #8 with medications. The medication (med) cart was parked at the end hallway on the 2nd floor. Staff D opened the computer to Resident #8's profile and, without performing . . . hygiene prior to preparing and assisting the resident with her medications, proceeded to take Resident #8's medications from the med cart, and dispensed the dosage into a souffle cup. Observed medications . . from the package onto the top of the med cart. Staff D picked the pills up with her bare . . . and placed them into the souffle cup and continued to dispense the remainder of the pills from their packaging into the souffle cup, without the	A 052		

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A 052	Continued From page 16 resident being present. Staff D took the cup containing the medications down the hallway, knocked on Resident #8's door and entered the room. Staff D, calling the resident by name, and saying, "I have your meds," gave Resident #8 the cup of medications without informing her what medications she was being assisted with and without bringing the medications in their properly labeled container to read to the resident. On . . . . . at 9:10 a.m., Staff D (med tech) was observed assisting Resident #11 with medications. The medication (med) cart was parked at the end hallway on the 2nd floor. Staff D opened the computer to Resident #11's profile and proceeded to take Resident #11's medications from the med cart, and dispensed the dosage into a souffle cup. Observed medications . from the package onto the top of the med cart. Staff D picked the pills up with her bare . . and placed them into the souffle cup and continued to dispense the remainder of the pills from their packaging into the souffle cup, without the resident being present. Staff D took the cup containing the medications down the hallway, knocked on Resident #11's door and entered the room. Staff D, said to the resident, "I have your meds", and poured the medications into a cup of applesauce and gave it to the resident without informing her what medications she was being assisted with and without bringing the medications in their properly labeled container to read to the resident. On . . . . . at 9:20 a.m., Staff D (med tech) was observed assisting Resident # 12 with medications. Staff D medication cart was parked at the end hallway on the 2nd floor. Staff D opened the computer to Resident #12's profile and proceeded to take Resident #12's	A 052		

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A 052	Continued From page 17	A 052		

medications from the med cart, and dispensed the dosage into a souffle cup. Observed medications . from the package onto the top of the med cart. Staff D picked the pills up with her bare . . and placed them into the souffle cup and continued to dispense the remainder of the pills from their packaging into the souffle cup, without the resident being present. Staff D took the cup containing the medications down the hallway, knocked on Resident #12's door and entered the room. Staff D, said to the resident, "I have all your meds," giving Resident #12 the medications without informing the resident what medications she was being assisted with and without taking the medications in their properly labeled container to read to the resident.

On at 9:28 a.m., Staff D stated she does not know if the residents have medication waivers, and will tell the residents what medications she is giving them if they ask. Staff D confirmed she did not prepare the medications in the presence of the residents and did not inform them what medications she was giving them.

On at 12:00 p.m., The Resident care Director said the facility policy if for the med techs to inform the resident what medications they are assisting them with.

On . . . . . at 12:11 p.m., Administrator said med techs are required to read the medications to the residents when assisting them with self-administration of medications unless they have a medication waiver and as far as she knows there are no residents in the facility with medication waivers.

On at 9:28 a.m., The resident care Director confirmed the facility has no residents

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A 052	Continued From page 18 with medication waivers and the med techs did not perform med pass appropriately. 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 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	A 078		

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A 078	Continued From page 19 (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. (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 that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable ( )and evidence	A 078		

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A 078	Continued From page 20 of freedom from . . . . . ( ) documented annually thereafter for 4 (Staff D, E and F) of 4 employee records reviewed. The findings included: A review of the Administrator's personnel record revealed a hire date of . The Administrator's file contained documentation of a test completed on and a statement from the healthcare provider indicating the administrator was free from signs and symptoms of communicable . . . . . on . There was no further documentation of freedom from . . . . . annually thereafter. A review of Staff D's personnel record revealed a hire date of . . . . . as a Med Tech/caregiver. Staff D's file contained documentation of a . . , completed on . . . . , a HCA - West Florida Division form completed on and a Health Report and Physical Examination Record that indicated , results negative for , ... , ... on . . . . . There was no documentation of freedom from signs and symptoms of communicable . . . . and . . statement from a health care provider. A review of Staff E's personnel record revealed a hire date of as a caregiver. Staff E's file contained documentation of an AMC Drug Testing collected on , and a Forensic Drug testing Custody and Control Form completed on . . . . . There was no documentation of freedom from signs and symptoms of communicable . . . . . and statement from a health care provider.	A 078		

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A 078	Continued From page 21 A review of Staff F's personnel record revealed a hire date of as a caregiver. Staff F's file contained Documentation of an AMC Drug Testing collected on . There was no documentation of freedom from signs and symptoms of communicable and . . . . . statement from a health care provider. On at 10:30 a.m., the Business Office Manager confirmed the findings. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice	A 081		

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A 081	Continued From page 22 training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in . . . . control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its . . . . control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of	A 081		

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A 081	Continued From page 23 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.	A 081		

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A 081	Continued From page 24 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees receive 3 hours of in-service training for Activities of Daily Living and Behavioral Needs, 1 hour each of in-service training in Resident Rights/Recognizing, Reporting /Neglect training, and Elopement Response training as required by Florida Administrative Code within 30 days of employment for 3 (Staff D, E, and F) of 4 employee files reviewed. The findings included: A review of Staff D's personnel record showed she was hired on as a medication Technician (med tech)/caregiver. A review of the staff schedule shows she is a caregiver and has a resident assignment to care for the facility residents and provides direct care assistance to the residents. Further review of Staff D's employee record found no documented evidence of completion of 1-hour in-service training for Elopement Response training or, 3 hours of training in Activities of Daily Living and Behavioral Needs. Staff D's file contained evidence of a certificate of completion for 30 minutes of training completed on . Regulation required 1 hour of training to be completed	A 081		

Agency for Health Care Administration

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A 081	Continued From page 25 within 30 days of hire. A review of Staff E's personnel record showed she was hired on as a caregiver. Further review of Staff E's employee record revealed documented evidence of completion of 2 hours training in Activities of Daily Living and Behavioral Needs on . Regulation requires 3 hours of Activities of Daily Living and Behavioral Needs training completed within 30 days of hire. No further documentation of ADL and Behavioral Needs training was found in the employee record for Staff E. A review of Staff F's personnel record showed she was hired on as a caregiver. Further review of Staff F's employee record revealed documented evidence of completion of 2 hours training in Activities of Daily Living and Behavioral Needs on . Regulation requires 3 hours of Activities of Daily Living and Behavioral Needs training completed within 30 days of hire. No further documentation of ADL and Behavioral needs training was found in the employee record for staff F. On at 10:30 a.m., the Business Office Manager confirmed the ADL and Behavioral Needs training for Staff E and F, does not meet the requirement as it is the incorrect number of hours. The Business Officer Manager confirmed no Elopement Response training and no Activities of Daily Living and Behavioral Needs training was completed by Staff D, and the training for Staff D did not meet the regulations also as it was the incorrect hours. Class III	A 081		

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A 090	Continued From page 26	A 090		
A 090 SS=D	59A-36.011(11) FAC Training - . . . (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete at least one hour of in-service training in the facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 1 (Staff D) of 4 employee files reviewed. The Findings Include On record review of Staff D's employee file revealed a hire date of . . . . . as a medication technician/caregiver. Staff D's file contained no documentation of having completed in-service training on within 30 days of hire. On . . . . . at 10:30 a.m., the Business Office	A 090		

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	AL11911942	A. BUILDING: _____ B. WING _____	05/04/2023

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TRUEWOOD BY MERRILL, PORT CHARLOTTE	2500 AARON STREET PORT CHARLOTTE, FL 33952

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A 090	Continued From page 27 Manager acknowledged the findings of the missing in-service training required for [redacted] Class III	A 090		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [redacted]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018,	A 160		

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A 160	Continued From page 28 F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.	A 160		

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A 160	Continued From page 29 (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to follow the grievance procedure for 1 (Resident #13) out of 3 residents reviewed. Findings included: Requested and obtained grievance form and policy titled: Resident Grievance and Complaint policy and procedure. Under procedure stated the following:	A 160		

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A 160	Continued From page 30 1: Discuss the grievance/complaint with the GM (general manager). If there is no resolution to the matter and resident/family does not feel comfortable discussing the mater with the GM, then 2. Discuss the grievance/complaint with the VPO (vice president of operations). If, after discussing with the VPO the resident/family member is still unsatisfied then 3. Contact the Merrill Garden President. 4. Contact the local Long - Term Care Ombudsmen office, where applicable. Second page under number 5: Ensure all concerns will be responded to within 48 hours of filling. 6. Ensure that the resident/family member is conducted within 24 hours to solicit any additional needed information and to provide a tentative resolution date. On . . . . . at 2:47 p.m., the Administrator said that Resident #13 returned from a family vacation and found that her apartment had been repaired. The Administrator said Resident #13 called the police because she believed that personal property belonging to her was misplaced or stolen. The Administrator said that, prior to go on vacation, the resident was notified of the upcoming repairs, but no one called the resident with the specific date the repairs would take place. The Administrator acknowledged that Resident #13 requested a (an additional locking device) to be placed in her door in order to prevent anyone going into her apartment during her absence. The Administrator acknowledged that the . . . . was never placed in Resident #13's apartment door, because the maintenance director did not follow through. The Administrator said she did not initiate a grievance even though Resident #13 was very upset to the point that she called the	A 160		

Agency for Health Care Administration

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A 160	Continued From page 31 police to file an incident report. The Administrator said she did not complete an investigation after the police left, nor talk to the resident to find resolution to her issue. The Administrator said she thought the police investigation was sufficient and no further action was needed on her end. Record review found no evidence of a grievance report for Resident #13. The resident was discharged on . Class III	A 160		