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
	AL11964729	A. BUILDING: _____ B. WING _____	06/14/2023

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TRUEWOOD BY MERRILL, CHARLOTTE CENTER	18400 COCHRAN BLVD. PORT CHARLOTTE, FL 33948

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CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee 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. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; 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 facility failed to ensure 2 (Staff D and E) of 3 staff records reviewed, had the Level 2 background screening employment status updated within 10 days on the Agency's Background screening clearinghouse website pursuant to chapter 435. This had the potential for staff with disqualifying	CZ814		

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CZ814	Continued From page 1 offenses to have access to adults. The findings included: Record review of Staff D file revealed a hire date of as a caregiver. Review of the Agency for Healthcare of Administration background screen website revealed Staff D was added to the clearinghouse employee roster on , 301 days after hire. Record review of Staff E file revealed a hire date of as a caregiver. Review of the Agency for Healthcare of Administration background screen website revealed Staff E was added to the clearinghouse employee roster on , 56 days after hire. On at 11:18 a.m., the Business Office Manager confirmed the findings. Unclassified	CZ814		

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A 000	Initial Comments An unannounced relicensure, generator monitoring, visitation form, health facility reporting system, and complaint survey for #2021016082 and 2022013232 was completed on [redacted] through [redacted] at Truewood By Merrill, Charlotte Center, an assisted living facility in Port Charlotte, Florida. Complaint #2021016082 was unsubstantiated. Complaint #2022013232 was substantiated at A056. The following is the description of the deficiencies.	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 [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 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	A 052		

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A 052	Continued From page 1	A 052		

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.
(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

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A 052	Continued From page 2 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 [illegible] 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	A 052		

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A 052	Continued From page 3 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 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.	A 052		

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A 052	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility staff failed to follow proper procedure when assisting 3 (Residents #6, #8, and #9) out of 3 residents with self-administration of their medications. Facility staff failed to follow their policy and procedure regarding assistance with self administration of medications. Findings included: Reviewed the policy titled: "Assistance with self-administration of medications by unlicensed caregivers. Revised . Reviewed ." Page 2: Assistance with self-administration of medications: a. Taking the medication, in previously dispensed, properly labeled container, ..., from where it is stored, and brining it to the resident. b. In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medications from the container, and closing the container. 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 her . 1. On at 8:23 a.m., Staff A was observed marking the medication observation record (MOR) before assisting Resident #6 in self-administration of her medications. Staff A placed all the medications from the cards into a plastic cup. Staff A walked from the medication cart located in the hallway to the room of Resident #6 located on the opposite side off the hallway. Staff A handed the cup to the	A 052		

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A 052	Continued From page 5 resident and told her, " Here are your pills". Staff A observed Resident #6 taking her medications with water. Staff A said, " I made a booboo, I marked the MOR before giving the med's. Sorry." 2. On at 9:00 a.m., Staff A was observed pouring medications into a plastic cup and walking to Resident #8's room located on the opposite side of the hallway. Staff A gave the resident the cup with the medications and told her, "Here are your morning pills." 3. On .. .. at 9:13 a.m., Staff A took all the medications belonging to Resident #9 from individual containers and placed them in a plastic cup. Staff A walked to Resident #9's room. Staff A knocked on the door and told Resident #9 to wake up to take her medications. Staff A processed to give the cup of medications to Resident #9 with a bottle of ensure that she got from the resident's refrigerator. She handed resident #9 the cup with the medications and told the resident, " Here are your morning pills." For Residents #6, #8, and #9, Staff A did not orally advise the residents of the medication name and dosage. Staff A did not open the containers, remove the prescribed amount of medication, and closed the container in the presence of Residents #6, #8, and #9. Staff A marked the MOR prior of assisting Resident #6 with self-administration of her medication. On at 9:24 a.m., Staff A acknowledged that none of the residents in the building have signed a written waiver to opt out of being orally advised of the medication name and dosage. Staff A said she received her medication training some time in 2023 but did not remember the exact day. She said she forgot to tell the	A 052		

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A 052	Continued From page 6 residents the names of the medications. Staff A acknowledged that she was supposed to fist observe residents taking medications before marking the MOR. Staff A said, " They know what they take, I don't have to tell them. I am a med tech I can put the pills in a cup and just walk to their room and . . . it to them." On . . . . . at 10:00 a.m., the Administrator acknowledged that none of the residents in the facility have signed a a written waiver to opt out of being orally advised of the medication name and dosage. Administrator acknowledged that Staff A was suppose to let the residents know the names of the medications they were taking. She also acknowledged that Staff A is not a licensed nurse and she could not pre-pour medications. Administrator acknowledged that Staff A was suppose to mark the MOR after observing Resident #6 take her medications, not before. On at 11:00 a.m., the Resident Care Director (RCD) confirmed that none of the residents in the facility have signed a written waiver to opt out of being orally advised of the medication name and dosage. She acknowledged that Staff A was suppose to let the residents know the names of the medications they were taking and what they are taking them for. RCD also acknowledged that staff A is not a licensed nurse and she could not pre-pour medications. RCD confirmed that Staff A was supposed to mark the MOR after observing Resident #6 take her medications, not before. Class III	A 052		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders	A 056		

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A 056	Continued From page 7 (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by	A 056		

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A 056	Continued From page 8	A 056		

the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:
1. Practitioner's name,
2. Resident's name,
3. Date dispensed,
4. Name and strength of the drug,
5. Directions for use; and,
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S.,

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A 056	Continued From page 9 before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and staff interview facility failed to ensure medications were refilled in a timely manner for 1(Resident #8) of 3 residents reviewed. The facility failed to follow their policy and procedure regarding refill of medications. Findings included: Reviewed policy titled: Medication Management Revised . Page 6, Ordering medications: Community should always have an adequate supply of all centrally stored medication. It is the community's responsibility to contact the appropriate persons to order the medication and to verify the accuracy of the medication when it is delivered to the community. It is unacceptable to run out of medication. Page 7, Ordering bottled medication and non-monthly medication: Medications should be reordered from the pharmacy when down to a five day supply. On at 9:00 a.m., Staff A was observed pouring Resident # 8's medications into a plastic cup and taking the medication to the resident's room. Staff A told Resident # 8, "Here are your morning pills. You are missing 4 of them". Resident #8 said, "What pills am I missing?" Staff A said: "I forgot my paper I will come in a second". Staff A returned to the cart and she took a piece of paper to Resident # 8's	A 056		

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A 056	Continued From page 10	A 056		

room. Staff A told Resident #8, "You are missing your D, your iron pill, and couple more." Resident #8's daughter was present at the time and asked Staff A,"What do you mean she doesn't have her iron pill? I brought it in my self. She had like 100 of them." Staff A said. "I don't know. I didn't see it. It was not there. I will look for it." Staff A did not look for Resident #8's medication. Staff A said: "All four pills were missing when I was here last Friday. Then I was off for the weekend. i just came in and they are still missing. I didn't tell anyone. There was no nurse here so I had no one to go too. Look I just wrote it down on a piece of paper. I will tell the nurse when I am done. I will mark it on the MOR (medication observation record). She will know when she runs the report from the computer. I usually let the nurses know, but there was no nurse here last week. I did not know what to do. I don't know how the people that were here in between were able to give the medications. They are not here."

Medication Observation record review for Resident #8 found the following:
Ferosul 325 mg marked as not on premises and not given on , , and . Then on premises and given up to . Marked as not on premises and not given on .
Medication -Salmeterol oral aerosol marked as not on premises and not given on and .
Medication HCTZ mg was marked as not on premises and not given on , , and .
Medication D 3 -50 mcg (2000 u) caps was marked as not on premises and not given on , , , and .

Resident Care Director (RCD) went to the med

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A 056	Continued From page 11 cart on . . . . . at 11:30 a.m. and was able to find the iron medication (Ferosul) for Resident #8 and also the inhaler (Flutic). RCD said, "The daughter was right the medication was here. I don't know how Staff A did not see it, it is a huge bottle. Her daughter will pick up the D3 and I will order the rest. They will be here by the end of the day today. I was off last week and that is why it was such a mess. I came . . . yesterday. Still she should have told me yesterday." RCD said the standard of practice is that they should have called in the refill 7 days out. She acknowledged that Staff A did not follow proper procedure and should have made attempts to refill medications on a timely manner. RCD could not explain how and D were on premises and given on and when they were marked as not on premises the days before and after. RCD said she will have to find the medication technician responsible and ask them. Class III	A 056		
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.	A 078		

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	AL11964729	A. BUILDING: _____ B. WING _____	06/14/2023

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A 078	Continued From page 12 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. (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	A 078		

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A 078	Continued From page 13 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 of freedom from ( ) documented annually thereafter for 2 (Staff D, and E) of 3 employee records reviewed. The findings included: A review of Staff D's personnel record revealed a hire date of as a caregiver. Staff D's file contained documentation of a Health Report form dated , indicating a test was given on and read on with negative results and indicated Staff D appeared to be free from apparent signs and symptoms of communicable . . . . . There was no further documentation of freedom from . . . . . ( ) annually thereafter. 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 Pre-employment	A 078		

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A 078	Continued From page 14 Drug Testing Consent and Release Form signed on . Further review of Staff E's file revealed documentation of an Associate Annual Screening form dated with no date signed by the Physician, and an Employee Free From Communicable Doctor's Statement indicating a test was given on and read on and signed by the physician on , 11 months prior to hire at the facility. Which was not acceptable per regulations as the statement is required to be completed within 6 months prior to hire and 30 days after hire. On at 11:18 a.m., the Business Office Manager confirmed the findings, and stated she should have had a new statement from the healthcare provider completed upon hire. Class III	A 078		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and ,	A 086		

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A 086	Continued From page 15 shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that	A 086		

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A 086	Continued From page 16	A 086		

must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.
(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.
(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.
(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:
1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or
2. Three years of practical experience in a program providing care to persons with or related , or
3. Completed a specialized training program in

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A 086	Continued From page 17 the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure 1(Staff E) of 3 staff members reviewed completed 4-hour Level I training within 3 months of hire, as required by the Florida Administrative code. Findings included: Record review found Staff E was hired on as a caregiver. Staff E's file contained no documented evidence of completion of 4 hours of Level 1 II training within 3 months of hire as required. On at 11:18 a.m., the Business Office Manager confirmed there was no evidence of completion of Level 1 training as required within 3 months of hire for Staff E. Class III	A 086		