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
	AL11965718	A. BUILDING: _____ B. WING _____	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACINA GRAND	6825 DAVIS BLVD NAPLES, FL 34104

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A relicensure, limited nursing survice, emergency power plan, health facility reporting system and complaint investigation #2025014421 survey was conducted at Terracina Grand on 11/24/25. Deficiencies were identified at the time of the survey.	A 000		
A 009 SS=D	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide	A 009		

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A 009	Continued From page 1 but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in Rule 59A-36.007, F.A.C.; 11. The facility policy concerning pursuant to Section 429.255, F.S., and Rule 59A-36.009, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in Rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with 's and related , a written description of those special services as required in Section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of Rule 59A-36.018, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by Rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and	A 009		

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A 009	Continued From page 2 address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure the resident agreement in the admission package contained the required verbiage indicating residents will receive 45 days notice in writing of relocation or termination of residency from the facility as required per regulations. The findings included: Review of the facility residency agreement page 11, Article 6 Termination. 6.4 Termination by Community or Resident. "Except as otherwise	A 009		

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A 009	Continued From page 3 provided in this Agreement or prohibited by applicable state law, either party may terminate this Agreement for any reason by providing thirty (30) days' advance written notice to the other party. . . . 6.3. Termination by Community, Before issuing a notice of termination of this Agreement, Community will schedule and participate in a meeting with Resident and the Legal Representative and Designated Representative, if any, at least seven (7) days prior to issuance of the notice of termination. . . ,6.4 Termination for Nonpayment. Community may terminate this agreement for Resident's nonpayment of the rental fee, additional services fee or any other fees or charges due under the terms of this agreement by providing at least thirty (30) days advance written notice to the resident, legal representative and designated representatives." The facility agreement listed 30 days advance notice and not 45 days advance notice as required. On at 5:42 p.m., during an interview, the Business Office Manager said the residency agreement must include 45-days advance written notice of termination/discharge to the residents. The notice should not be 30 days. On at 6:25 p.m., the Administrator said the residency agreement was changed recently to a 30-day notice of termination . Class III .	A 009		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256	A 052		

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A 052	Continued From page 4 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his 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	A 052		

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A 052	Continued From page 5 medication does not include: (a) Mixing, , , converting, or ˬ 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 ˬ 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 ˬ 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	A 052		

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A 052	Continued From page 6 with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the 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,	A 052		

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A 052	Continued From page 7 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure staff who assist with self-administration do so appropriately for 2 (Residents #3, #7) of 3 residents observed for medications. The findings included: Review of the facility policy titled: Assistance with Self-Administered Medications. Date Created . Date Reviewed . Policy: Assistance with self-administered medications is provided in accordance with state regulations. . . Procedure: 2. Trained staff members follow specific steps when assisting with medications."	A 052		

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A 052	Continued From page 8 Review of the Resident Health Assessments Forms (1823) for Residents #3 dated , and #7 dated indicated they both required assistance with self-administration of medications. On at 9:16 a.m., observed Medication Technician (MT) Staff A prepare Resident #3's medications. Staff A took the medications to Resident #3 sitting in his room. Staff A gave him the container with the pills and said,"here is your morning med." Staff A did not orally advise the resident of the names or the doses of the medications being given. On at 9:25 a.m., observed Staff A prepare Resident #7's medications. Staff A gave Resident #7 the container with the medications. Staff A did not orally advise Resident #7 of the names and doses of the medications being given. On at 9:34 a.m., Staff A confirmed she did not orally advise Residents #3 or Resident #7 of the names or the doses of the medications she was assisting them with. On at 3:56 p.m., the Director of Nursing (DON) said unlicensed staff are required to tell the resident the names and doses of all medications they assist with. The DON said there are no waivers for residents who receive assistance with self-administration of medications and all med techs should be notifying the residents of the names and doses of medications being given. Class III .	A 052		

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AN277	Continued From page 9	AN277		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Limited Nursing Services Monthly Assessments and/or Evaluations were completed by a Registered Nurse (RN) for 1(Resident #1) of	AN277		

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AN277	Continued From page 10 2 residents reviewed receiving LNS. Licensed Practical Nurses (LPNs) The Nurses Practice Act, S. 464.003(18) F.S. outlines the scope of practice of a licensed practical nurse as; the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, ... A practical nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing. Licensed practical nurses provide support to doctors and registered nurses in their department by performing limited duties under their authorization. An LPN (Licensed Practical Nurse) may collect data if allowed by the nurse scope of practice act as defined by the state Nurse Practice Act, however, the RN must complete the nursing assessment. The findings included: Review of the facility Policy titled: Limited Nursing Service. Date Created . Date Reviewed . Policy: Licensed nursing services, provided by licensed nurses under the supervision of the Director of Nursing (DON) are available 24 hours per day and include any nursing service permitted within the nurse's scope of practice consistent with resident requirements. Review of Resident #1's Service Plan revealed an effective date of for LNS. Review of Resident #1's LNS Monthly Evaluations and Summaries dated , , ,	AN277		

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AN277	Continued From page 11 , , , and revealed completion with signatures for LPN Staff C. Each of the LNS Monthly Evaluations and Summaries were signed and dated by LPN Staff C. There was no evidence of documentation indicating a Registered Nurse had reviewed Resident #1's initial and monthly LNS Evaluations and Summaries. There was no LNS Monthly Evaluation and Summary for , . On at 2:30 p.m., the DON said she completed the monthly LNS Evaluations and Summaries for the residents receiving LNS. She said she did not realize Resident #1's Monthly LNS Evaluations and Summaries were completed and signed by LPN Staff C from , to . The DON said she reviewed the Initial and Monthly LNS Evaluations and Summaries, there was no supporting documentation indicating the DON, who is the RN for the facility, reviewed the LNS evaluations and summaries. The DON said she did not realize Staff C signed all the evaluations completed from , through on , and that Resident #1 did not have documentation of an LNS Monthly Evaluation and Summary completed for , . On at 4:30 p.m., during an interview LPN Staff C said she completed Resident #1's LNS Monthly Evaluations and Summaries dated , , , , , , and . Staff C confirmed she signed all the LNS evaluations and summaries on . Class III .	AN277		