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
	AL11922285	A. BUILDING: _____ B. WING _____	C 06/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SODALIS OF LARGO	333 16TH AVENUE SOUTHEAST LARGO, FL 33771

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CZ814	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; [illegible]; 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 interview, the facility failed to maintain the employment status of employees within the background clearinghouse employee roster, within ten-business days of employment for two (Administrator and Health and Wellness Director) of the ten sampled employees.	CZ814		

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CZ814	Continued From page 1 Findings Included: A review of the facility's background screening employee roster, conducted on . . . . . , revealed that the Administrator who was hired on . . . . . and the Health and Wellness Director who was hired on were not listed on the facility's background clearinghouse employee roster. During an interview with the Administrator conducted on . . . . . at 12:24PM, the Administrator confirmed that they were not on the roster. Unclassified	CZ814		
A 000	Initial Comments A complaint investigation (complaint numbers: 2023006016 and 2023006581) and a generator monitoring were conducted at Sodalis of Largo on . . . . . Deficiencies were identified at the time of survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication	A 054		

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A 054	Continued From page 2 observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to immediately update medication observation records (MORs) and [illegible] count logs each time a medication was offered seven Residents (#1, #4, #5, #16, #17, #18, and #20) of seven sampled residents that required assistance with self-administration of medications. Findings Included: A MORs review for Resident #1, conducted on [illegible], revealed that Resident #1's MORs had prescribed medications that were not documented as given to the resident which included [illegible] 6.25 milligram (mg) and [illegible] 15mg on [illegible] and	A 054		

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A 054	Continued From page 3 at 06:00pm and [illegible] 80mg on [illegible] at 05:00pm. A MORs review for Resident #4, conducted on [illegible], revealed that Resident #4 had the [illegible] medication [illegible] 100mg not documented as given on [illegible]. A [illegible] review for Residents #5, #16, #17, #18, and #20, conducted on [illegible], revealed that Residents #5, #16, #17, #18, and #20 [illegible] pill counts did not match the count sheets. Resident #5's [illegible] 0.5mg had 24 pills in the pack and the count sheet noted that there were supposed to be 25 pills remaining. Resident #16's [illegible] 7.5mg/325mg had 21 pills in the pack and the count sheet noted that there were supposed to be 22 pills remaining. Resident #17's [illegible] 0.5mg had 21 pills in the pack and the count sheet noted that there were supposed to be 22 pills remaining. Resident #18's [illegible] 0.25mg had 12 pills in the pack and the count sheet noted that there were supposed to be 13 pills remaining. Resident #20's [illegible] 50mg had 20 pills in the pack and the count sheet noted that there were supposed to be 21 pills remaining. During an interview with Staff C (an unlicensed Medication Technician), conducted on [illegible] at 12:07pm, Staff C stated that she had not signed the 08:00am [illegible] out yet. During an interview with the Memory Care Director, conducted on [illegible] at 12:11pm, the Memory Care Director agreed that the [illegible] count was off because Staff C had not signed the 08:00am [illegible] out yet.	A 054		

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A 054	Continued From page 4 During an interview with the Health and Wellness Director, conducted on at 1241pm, the Health and Wellness Director agreed that Resident #4's was not documented as given on . At 02:26pm, the Health and Wellness Director agreed that resident's MORs had medications that were not documented as given to the residents. During an interview with the Administrator, conducted on at 02:59pm, the Administrator agreed that medications were to be signed at the time the medications were given. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented	A 055		

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A 055	Continued From page 5	A 055		

by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or
6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued

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A 055	Continued From page 6 medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep centrally stored medication in a locked cabinet or cart secured at all times. Findings Included: During observations of the Health and Wellness Director's office, conducted on at 09:17am, 09:38am, 01:36pm, and 02:59pm, revealed that the Health and Wellness Director's office had medications that were not locked/secured. The office door was wide open,	A 055		

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A 055	Continued From page 7 and staff were not present in or near the office. The medications included one pill pack with fourteen blue capsules and one pill pack with four white capsules on top of the Health and Wellness Director's desk. There was a pill pack with five yellow capsules on the floor on top of paper files. There was a tan plastic bag full of medications on the floor on top of a book and papers. There was a bottle of . . . and , . . . medications on the shelf. On the top of this shelf, there was a pill pack with two pills in the pack. At 02:55pm, the front door to the medication room was a half door. The top half of the door was wide open. The bottom half of the door was closed and unlocked. There was no staff present in or near the medication room. The full door to the medication room was wide open. There was a full refrigerator with many refrigerated medications stored in the refrigerator. The , . . lock to the refrigerator was not locked. During an interview with the Administrator, conducted on . . . . . at 02:57pm, the Administrator observed the medication room refrigerator with the refrigerated medications that were not locked/secured. The administrator agreed that medications were supposed to be locked/secured at all times. The Administrator stated that the refrigerator , . . lock should have been locked. The Administrator observed the medications that were not locked/secured in the Health and Wellness Director's office. The Administrator closed and locked the door to the office. photographic evidence obtained Class III	A 055		

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A 056	Continued From page 8	A 056		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (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	A 056		

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A 056	Continued From page 9 be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by 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,	A 056		

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A 056	Continued From page 10 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., 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 interview, the facility failed to provide prescribed medications (meds) as ordered and failed to notify their primary care providers (PCP) when the residents refused their meds or when the meds were not available for them to take for two Residents (#1 and #12) of two sampled resident that required assistance with self-administration of meds. Findings Included: A record review for Resident #1, conducted on [redacted], revealed that Resident #1 had an order for weekly [redacted]. There was no order to discontinue weekly [redacted] in Resident #1's record. A medication observation record review for Resident #1, conducted on [redacted], revealed that Resident #1 had [redacted] scheduled to be obtained weekly on [redacted], and [redacted]. A review of Resident #1's [redacted] record, conducted on [redacted], that the facility obtained Resident #1's [redacted] on [redacted] /202[redacted]	A 056		

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A 056	Continued From page 11 . . . . . , and . . . . . . During an interview with Resident #3, conducted on at 09:31am, Resident #3 stated that medications were hard to get from the pharmacy. During an interview with Resident #4, conducted on . . . . . at 09:35am, Resident #4 stated that he went four days with no medications recently. During an observation of Resident #4's prescribed , , 100mg, conducted on . . . . . at 12:00pm, revealed that there were seven doses of the medication left in the pill pack. A medication observation record review for Resident #4, conducted on , revealed that Resident #4 had the . . . . . medication , , 100mg one capsule twice every day for fourteen days prescribed on . . . . . . The medication was noted on Resident #4's medication observation records to start on and end on at 12:00pm. The medication was not documented as given on due to the medication was not available. The medication was not documented as given on due to the medication was supposed to be finished. During an interview with Resident #6, conducted on at 09:56am, Resident #6 stated that it was normal to get medications late and the facility ran out of his medications for seven days last week. A medication observation record review of Resident #6, conducted on , revealed	A 056		

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A 056	Continued From page 12 that Resident #6's medication observation had medications that were documented as not given to the resident which included , , 5mg and , 40mg from through due to awaiting delivery of the medications. 10mg was documented as not given on and at 05:00pm due to not available. 325mg was documented as not given on due to the resident refused. 50mg was documented as not given on , , and at 08:00am due to the medication not available and the resident's refusal. There was no evidence that Resident #6's primary care provider was notified that the resident was not taking the medications as prescribed. During an interview with the Health and Wellness Director, conducted on at 12:15pm, the Health and Wellness Director stated that the order for Resident #4's , , was waiting on her desk when she returned from vacation on . The Health and Wellness Director stated that the order was put in through pharmacy and started on . At 12:41pm, the Health and Wellness Director stated that Resident #4's , , should have three doses left which included one dose for 08:00pm on , one dose for 08:00am on , and one dose at 08:00pm on . The Health and Wellness Director agreed that Resident #4's , , was documented as not given to the resident on at 08:00am because the medication was not available to given. The Health and Wellness Director agreed that Resident #4's , , was not documented as given to the resident on because the medication was supposed to be finished. The Health and	A 056		

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A 056	Continued From page 13 Wellness Director agreed that Resident #4 had not received all prescribed doses. At 02:26pm, the Health and Wellness Director stated that the facility currently had issues with getting medications and communication efforts from their pharmacy. The Health and Wellness Director stated that the facility was trying to get out of their pharmacy contract because the pharmacy never telephones the facility to inform the facility of what they need to get medications ordered or re-ordered. The Health and Wellness Director stated that she did not notice that Resident #6 was missing his medications for a few days. The Health and Wellness Director stated that she was generally unaware of residents being out of their medications until they are already out of the medications. At 02:30pm, the Health and Wellness Director agreed that the facility was not obtaining Resident #1's weekly as ordered. During an interview with the Administrator, conducted on at 02:30pm, the Administrator agreed that there was no evidence that primary care providers were notified when residents did not take their medications as prescribed for unavailability or refusals of the medications. The Administrator stated that there had been issues with re-ordering medications on time. The Administrator stated that there were ongoing issues with the facility's pharmacy. Class III	A 056		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records.	A 160		

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	AL11922285	A. BUILDING: _____ B. WING _____	C 06/12/2023

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A 160	Continued From page 14 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 , ; 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, 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	A 160		

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A 160	Continued From page 15 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 [redacted] 's [redacted] or related [redacted], 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. (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.	A 160		

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A 160	Continued From page 16 (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 interview, the facility failed to maintain an up-to-date admission and discharge log that included the dates of discharge, reasons for discharge, and places discharged to, for four former Residents (#2, #12, #13, and #14) of four sampled former residents. Findings Included: A review of the facility's list of residents, conducted on , revealed that Residents #2, #12, #13, and #14 were not listed as current in-house residents. The list of residents noted that there were 60 residents that resided in the facility. A review of the admission and discharged log, conducted on , revealed that Residents #2, #12, #13, and #14 had no	A 160		

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A 160	Continued From page 17 discharge data and appeared to be current in-house residents. The admission and discharge log did not include Residents #2, #12, #13, and #14's dates of discharge, reasons for discharge, or the places that they were discharged to. Resident #2 was admitted on . Resident #12's admission date was not noted on the admission and discharge log. Resident #13 was admitted on . Resident #14 was admitted on . The admission and discharge log noted that there were 122 residents that resided in the facility. During an interview with the Administrator, conducted on at 09:50pm, the Administrator stated that Residents #2, #12, #13, and #14 were no longer residents of the facility. At 02:58pm, the Administrator stated that some discharges were not updated on the admission and discharge log. The Administrator agreed that the facility's admission and discharge log was not up to date and did not include former residents' dates of discharge, reasons for discharge, or places that they were discharged to. Class III	A 160		
A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule	A 181		

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A 181	Continued From page 18 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to revise the comprehensive emergency management plan (CEMP) within thirty days of the local emergency management office's rejection and request for revision. Findings Included: A record review for the facility's CEMP submission and approval, conducted on . , revealed that the facility did not have evidence that the CEMP was submitted or	A 181		

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A 181	Continued From page 19 approved by the local emergency management office. During an interview with the Maintenance Director, conducted n at 10:25am, the Maintenance Director stated that the facility did not submit their CEMP to the local emergency management office for approval. During an interview with the local emergency management office Representative, conducted on at 01:45pm, the Representative stated that the facility had submitted their CEMP (date not provided) and was sent a rejection on . The Representative stated that the local emergency management office had not received the facility revisions yet. The Representative stated that the facility was non-compliant with their office for the year 2022 and any submissions at this point would be for the through period. During an interview with the Administrator, conducted on at 01:50pm, the Administrator agreed that the facility had not submitted their CEMP revisions to the local emergency management office. Class III	A 181		