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
	AL11963720	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SODALIS VERO BEACH	3855 INDIAN RIVER BLVD VERO BEACH, FL 32960

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A 000	Initial Comments An unannounced Change Of Ownership (CHOW) with Limited Nursing Services (LNS) survey, Complaint (#2023010841, #2023011951, #2023013034, #2023014003, #2023014733, and #2023014762) and a Generator Monitoring survey were conducted on [redacted] through [redacted] at Sodalis Vero Beach. The facility had deficiencies related to the Change of Ownership (CHOW) and Complaint (#2023010841, #2023014003 and #2023014733) identified at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and	A 025		

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A 025	Continued From page 1 services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide adequate care and services to prevent [redacted] for 1 out of 3 sampled residents (Resident #7). The findings included: Resident #7 was admitted to the facility on	A 025		

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A 025	Continued From page 2 . She resided in the Memory Care Unit until . The resident's Health Assessment (AHCA Form 1823) dated included diagnoses and history of severe tremors, history of aneurysm, right , , gait imbalance (uses walker) and , , related to the aneurysm. The assessment notes she was "independent" with ambulation and transfers with no special precautions listed other than "reside in memory care unit". The most recent assessment dated documents the same diagnoses and history, but with an increased level of "assistance" required with toileting, ambulation and transfers. Review of the resident's file on revealed the following documented : a. Progress Note (PN) and Fax to Health Care Provider (HCP), "(resident) found sitting in shower 6:15 AM stated out of bed and crawled there. No apparent injury". b. PN at 2:30 PM, "resident in dining room at 12:45 PM. was witnessed by CNA (Certified Nursing Assistant). Resident tried to ambulate without walker. Resident lost balance and backwards. Resident hit her . Resident sent to hospital". On 8:03 PM PN, "resident returned to facility". c. PN and Fax to HCP, "resident slid on the floor this morning after breakfast while walking (out of the dining room at 8:45 AM) with the walker. Resident denies , (no injuries noted)." d. PN at 1:30 PM, "resident was walking from the dining room after lunch with her walker and and hit her on the hard wood floor. Resident was crying and complaining of severe , to the right side of her ...transported to emergency room (ER)". At	A 025		

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A 025	Continued From page 3 7:14 PM PN, "resident returned from ER". e. PN at 2:48 PM, "resident was found on floor in front of nurse's station at 2:15 PM. was unwitnessed...resident was sent to ER". At 7:58 PM, "resident returned to facility at 5:00 PM". f. PN at 8:04 PM, "resident in front of nurse's station at 6:50 PM. was witnessed by CNA...resident to her bottom as she tried to stand up from wheelchair...no injuries noted". g. PN at 1:51 PM, "resident in dining room at 12:50 PM. was witnessed by CNA. Resident stood out of wheelchair then to the right side of her body. Resident hit her on the ground...resident sent to ER". At 7:16 PM, "resident returned to facility". h. PN at 1:37 PM, "nurse practitioner (HCP) contacted nurse due to resident's recent history. Nurse stated, " were not due to nor agitation but change in resident's status to ambulation...(HCP) advised no new orders". i. PN at 3:46 AM, "at 1:15 AM staff heard resident and found her sitting on floor next to night stand near door, sitting on . She had regular socks on and was using her wheelchair like a walker and . She thought she might have hit her ...". j. PN at 6:41 PM, "resident out of wheelchair at 8:43 AM in the dining room. CNA was escorting resident out of dining room and resident planted her to the ground, causing her to slip out of wheelchair". k. Hospital Triage note with 3:32 PM print time, "reason for visit- ". l. PN at 11:25 PM, "resident was found sitting on her next to her bed on the floor. Resident was crying and holding her . Resident was from the crown of her . Resident alert and able to follow simple commands. Resident unable to verbalize to me	A 025		

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A 025	Continued From page 4 what happened...resident was transferred to ER". (This occurred at approximately 6:20 PM, see note below) During interview with Staff B (Caregiver) on at 11:00 AM, she stated that she was present when the resident returned from the hospital from the first on . She stated that Staff G (Caregiver) put the resident to bed after dinner around 6:00 PM but "shouldn't have put her to bed while she was agitated. We don't put her to bed when she's like that". She stated that the staff member was not familiar with residents in the West wing (Memory Care Unit). She acknowledged that she was the first staff member to find the resident after her second around 6:20 PM in her room by her bed. During interview with Staff G (Caregiver) on at 10:25 AM, she stated that she was the Caregiver that provided care to this resident on when she returned to the facility after her first earlier in the day. She stated that this was her second day working in the "West wing" (Memory Care Unit), and that she was working with two other staff from an Agency and one other staff member of the facility. She stated that after dinner at approximately 6:00 PM on , she was told by one of the unknown staff members to put this resident to bed. She said that about twenty minutes later, she found out that the resident had in her room. When asked if she had an assignment to give her guidance on what to do with the residents that she did not know in the unit, she stated "staff kind of make their own assignments". It is unknown why the resident was placed in bed at 6:00 PM after dinner. Furthermore, on there was no Progress Note showing the that occurred earlier in the day or the accurate time and	A 025		

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A 025	Continued From page 5 circumstances of the after dinner. Review of the resident's file also revealed the resident's representative was provided a 45 day notice of Termination of Agreement on for the resident to be moved out by . During interview with the Administrator on at 1:00 PM, she stated that the resident's representative did not move the resident out as asked. Further review of the file shows a Progress Note dated indicating the resident's Nurse Manager from a Home Health Agency was "working to find SNF (Skilled Nursing Facility) more suited to resident's increasing needs". The resident's file also contained a HCP's order dated noting that the resident was to have a "1:1 sitter for now". There was no documentation in the resident's record to show that this order was followed from through . There was no clarification on file to show how long the 1:1 sitter was to be provided or when this order was to be discontinued. During interview with the DON (Director of Nursing) on at 11:00 AM, she stated that the facility provided this when they were able to for the resident but that it was not documented. Further review of the resident's record revealed no Incident Reports completed to show the facility's investigation into the circumstances, witnesses, possible contributing factors and interventions in place and planned to prevent further . During interview with the DON on at 2:00 PM, she confirmed that no Incident Reports were completed for the resident's , and that there was no Progress Note for the resident's first with a transfer to	A 025		

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A 025	Continued From page 6 the ER on . . . . . . Review of the facility's . Protocol indicates that "after every ": A. Medication Technician or HWD (Health and Wellness Director/DON) will complete a Resident Incident and Accident Report B. Place the resident on 72-hour follow-up charting C. The HWD (or DON) and ED (Executive Director/Administrator) will consult on proper follow-up related to: 1. Licensing/state reporting 2. Worker's compensation 3. Resident Service Plan Changes 4. Risk/Assessment and follow-up 5. Further family/physician notification 6. Shared Responsibility Agreement Class III	A 025		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure assistance with activities of daily living was provided as needed for 2 out of 6 sampled residents (Residents #4 and Resident #6).	A 028		

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A 028	Continued From page 7 The findings included: 1. On at 11:00 AM, Resident #4 was observed laying in bed with a night gown on. During interview with the resident and the resident's representative telephonically at this time, they stated that the facility staff had not picked up the resident's laundry weekly as agreed to, so the resident did not have any clothes to wear today. The representative also stated that the resident was supposed to receive assistance with showers three times a week, then it was changed to twice a week, and now they were told once a week. The representative said the resident had received seven total showers since admission in , ... The resident's room was observed with a calendar that had the resident's receipt of shower assistance marked, with the last shower received noted on Sunday, ... The representative stated that the resident wants to receive showers in the morning and will refuse if staff attempt to assist in the evening. The representative stated that the Director of Nursing (DON) and Administrator have been notified of the showers not provided and laundry not picked up and cleaned "multiple times", and that she was supposed to have a meeting with the DON. At this time, two caregivers entered the resident's room with a laundry basket of clean clothes. The unidentified staff members stated that they did the laundry for the resident and were there to assist the resident with morning care. They explained that the afternoon shift was supposed to pick up the resident's laundry on a scheduled day once a week, then the laundry was to be folded by the night shift, then returned to the resident during the day shift the following day.	A 028		

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A 028	Continued From page 8 During interview with the DON on . . . . at 11:45 AM, she stated that the resident was to receive shower assistance Mondays, Wednesdays and Fridays during the 2:00 PM to 10:00 PM shift, and that laundry was to be picked up by the afternoon caregiver on Saturdays. She acknowledged that she was spoken to about these subjects by the resident's representative, but stated there was no meeting planned. The DON stated during interview on at 2:15 PM, that the resident's caregiver reportedly did not give the resident showers on Monday and Wednesday of this week because she was told that someone else had done it. It could not be determined why the resident's laundry was not picked up by a caregiver on Saturday, then washed and returned by a caregiver on Sunday as scheduled. 2. During interview with Resident #6 on at 2:45 PM, she stated that laundry was not picked up weekly and showers were not received as planned three times a week. She stated this was an ongoing issue that she reported more than once to the Administrator and DON. The last time the laundry was not picked up was last week. She also stated she was told the facility will only provide shower assistance twice a week instead of three time a week now. During interview with the Administrator on . . . . at 4:30 PM, she acknowledged that Resident #4's representative had voiced concerns about the showers and laundry not being done. She also confirmed that the new policy is to provide showers twice a week rather than three times a week. It was discussed that the residents who receive services under . . . . . government funding had care plans that may include compensation that the facility	A 028		

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A 028	Continued From page 9 received for showers three times a week rather than two on those plans of care. She stated that she thought these concerns had been resolved, and that there was no grievance forms filled out for this reason. The facility provided no additional information for review at this time. Class III	A 028		
A 030	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, 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,	A 030		

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A 030	Continued From page 10 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 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	A 030		

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A 030	Continued From page 11 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 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	A 030		

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A 030	Continued From page 12	A 030		

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 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

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A 030	Continued From page 13 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 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	A 030		

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	AL11963720	A. BUILDING: _____ B. WING _____	09/28/2023

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A 030	Continued From page 14 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 . . . . Hotline operated by the Department of Children and Families, and , 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 . . . , . . . or . . . , ... 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 observation, interviews and record review, the facility failed to ensure the grievance procedure was implemented and effective for 1 out of 6 sampled residents (Resident #4). The findings included:	A 030		

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A 030	Continued From page 15 On . . . . . at 11:00 AM, Resident #4 was observed laying in bed with a night gown on. During interview with the resident and the resident's representative telephonically at this time, they stated that the facility staff had not picked up the resident's laundry weekly as agreed to, so the resident did not have any clothes to wear today. The representative also stated that the resident was supposed to receive assistance with showers three times a week, then it was changed to twice a week, and now they were told once a week. The representative said the resident had received seven total showers since admission in , . The resident's room was observed with a calendar that had the resident's receipt of shower assistance marked, with the last shower received noted on Sunday, , . The representative stated that the resident wants to receive showers in the morning and will refuse if staff attempt to assist in the evening. The representative stated that the Director of Nursing (DON) and Administrator have been notified of the showers not provided and laundry not picked up and cleaned "multiple times", and that she was supposed to have a meeting with the DON. At this time, two caregivers entered the resident's room with a laundry basket of clean clothes. The unidentified staff members stated that they did the laundry for the resident and were there to assist the resident with morning care. They explained that the afternoon shift was supposed to pick up the resident's laundry on a scheduled day once a week, then the laundry was to be folded by the night shift, then returned to the resident during the day shift the following day. During interview with the DON on at 11:45 AM, she stated that the resident was to receive shower assistance Mondays,	A 030		

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A 030	Continued From page 16 Wednesdays and Fridays during the 2:00 PM to 10:00 PM shift and laundry was to be picked up by the afternoon caregiver on Saturdays. She acknowledged that she was spoken to about these subjects by the resident's representative, but stated there was no meeting planned. The DON stated during interview on . . . . . at 2:15 PM that the resident's caregiver reportedly did not give the resident showers on Monday and Wednesday of this week because she was told that someone else had done it. It could not be determined why the resident's laundry was not picked up by a caregiver on Saturday, then washed and returned by a caregiver on Sunday as scheduled. Review of the facility's Grievance Policy and Procedure effective indicates that all grievances will be documented on the grievance form and placed in the grievance book. Upon review of the grievance book on . . . . . , there was one grievance form completed in 2023, on . . . . . During interview with the Activities Director on at 11:30 AM, she stated that she filled out the forms for residents at the monthly resident council meetings, but did not maintain copies in the grievance book. The completed forms for various grievances from the meetings were placed in the binder at this time. During interview with front desk Receptionist Staff E on . . . . . at 10:25 AM, she stated she received many grievances from residents and family members about showers, laundry, activities, transportation and the environment cleanliness. She did not fill out grievance forms as she did not know about the form or the policy and procedure requiring the grievance forms to be completed and responses to be documented. During interview with the Administrator on	A 030		

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A 030	Continued From page 17 . . . . . at 4:30 PM, she acknowledged that the resident's representative had voiced concerns about the showers and laundry not being done. She stated that she thought it had been resolved, and that there was no grievance form filled out for this reason. The facility provided no additional information for review at this time. Class III	A 030		
A 076	59A-36.009 FAC . . . . . ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and, 2. DH Form 1896, Florida . . . . . Form, , 2004, which is hereby incorporated by reference. This form may be	A 076		

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A 076	Continued From page 18 obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) [illegible] PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences [illegible] or [illegible], staff trained in [illegible] ([illegible]) or a health care provider present in the facility, may withhold [illegible] ([illegible] and [illegible]). (b) In the event a resident is receiving hospice services and experiences [illegible] or [illegible], facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility.	A 076		

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A 076	Continued From page 19 This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff B and Staff C) who provide direct care to residents had received one hour of in-service training within 30 days of employment in the facility's ( ) Policy and Procedure. The findings included: a) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of one hour of in-service training dated within 30 days of employment in the facility's Policy and Procedure. Staff B was hired on . b) Review of the personnel file for Staff C, who provides direct care to residents, revealed there was no documentation of one hour of in-service training dated within 30 days of employment in the facility's Policy and Procedure. Staff C was hired on . The Administrator was notified of these findings at 4:30 PM on . The facility provided no additional information for review at this time. Class III	A 076		
A 081	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	A 081		

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A 081	Continued From page 20 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 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,	A 081		

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A 081	Continued From page 21 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 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,	A 081		

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A 081	Continued From page 22 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. 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 an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff B and Staff C) who provide direct care to residents had received mandatory in-service training within 30 days of employment. The findings included: a) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the following required	A 081		

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A 081	Continued From page 23 in-service training dated within 30 days of employment. Staff B was hired on . 1. Facility's Emergency Procedures and Incident Reporting (1 hour required) b) Review of the personnel file for Staff C, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff C was hired on . 1. Facility's Emergency Procedures and Incident Reporting (1 hour) The Administrator was notified of these findings at 4:30 PM on . The facility provided no additional information for review at this time. Class III	A 081		
A 086	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 24 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 25 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	A 086		

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A 086	Continued From page 26 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 an interview, the facility failed to ensure that 1 of 2 sampled staff (Staff C), in this facility that maintained a secured Memory Care Unit area, had obtained 4 hours of initial training (Level I) within 3 months of employment and 4 hours of additional training (Level II) in and Related . . . . . (ADRD). The findings included: The personnel file for Staff C was reviewed for training in ADRD on . There was no documentation showing Level I and Level II training (total 8 hours) completed within 3 months and 9 months of hire, respectively. The following documentation of training in ADRD was reviewed: Staff C-Date of Hire 1 hour completed . . . . . . 3 hours completed The Administrator was notified of these findings on at 4:30 PM. The facility provided no additional documentation for review at this time.	A 086		

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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 086	Continued From page 27 Class III	A 086		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963720	A. BUILDING: _____ B. WING _____	09/28/2023

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SODALIS VERO BEACH	3855 INDIAN RIVER BLVD VERO BEACH, FL 32960

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A 161	Continued From page 28 given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that individuals providing services were qualified to perform their assigned duties in accordance with 59A-36.010, Florida Administrative Code (F.A.C.) for 1 out of 1 sampled agency personnel, (Staff A). The findings included: On , the personnel file for Staff A was reviewed. The Caregiver was . . . . . to provide services to residents at the facility, and had been working at the facility since at least . During interview with the Director of Nursing (DON) at 3:00 PM on . . . . . , she stated that the facility no longer uses agency or . . . . . personnel and acknowledged that the . . . . . Caregiver was missing documentation	A 161		

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
	AL11963720	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 161	Continued From page 29 of training in the following subjects: a. Residents Rights and [redacted], Neglect and [redacted] b. Incident Reporting and Emergency Procedures c. Elopement Policy and Procedure d. [redacted] Policy and Procedure e. ALF Services (part of Pre-Orientation requirement) The contract between the facility and the staffing agency signed by the Administrator on 11/18/22 did not ensure that the aforementioned training would be completed by staff providing care to residents. Class III	A 161		