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 |
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| | AL11964318 | A. BUILDING: _____ B. WING _____ | 09/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SODALIS STUART | 860 S.E. CENTRAL PARKWAY STUART, FL 34994 |

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| A 000 | Initial Comments<br><br>An unannounced Change Of Ownership (CHOW) survey, Complaint survey (#2023011066, #2023012109, #2024000527, #2024002924 & #2024008032), and a Generator Monitoring survey were conducted on at Sodalis Stuart. The facility had deficiencies related to the Change of Ownership (CHOW) survey identified at the time of the visit.<br><br>Note: The facility had no LNS residents at the time of the survey. | A 000 | | |
| A 054 | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(b) The facility must maintain a daily medication 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:<br>1. The name of the resident and any known the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication | A 054 | | |

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| A 054 | Continued From page 1<br><br>is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , 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.<br><br>This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure the Medication Observation Record (MOR) was accurate for 1 out of 3 sampled residents (Resident #3).<br><br>The findings included:<br><br>Review of the MOR for Resident #3 revealed prescribed .25 mg, to be taken every night at bedtime, was not given to the resident on , , , and . The MOR showed the reason that the medication was not available each of these days as "waiting on delivery (by pharmacy)". During interview with the Director Of Wellness on at 3:00 PM, she acknowledged that the medication was not in supply and was attempting to be obtained by staff at that time. On , the medication was intialed on the MOR as given to the resident by a staff member when the medication was not available.<br><br>These findings were discussed with the Administrator and Director Of Wellness at 3:00 PM on . The facility provided no additional information for review at this time.<br><br>Class III | A 054 | | |

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| A 056 | Continued From page 2 | A 056 | | |
| A 056 | 59A-36.008(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(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:<br>1. The resident's name; and,<br>2. The identification of each medicinal drug in the container.<br>(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.<br>(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.<br>(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 3<br>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.<br>(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.<br>(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.<br>(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:<br>1. Practitioner's name,<br>2. Resident's name,<br>3. Date dispensed,<br>4. Name and strength of the drug,<br>5. Directions for use; and, | A 056 | | |

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| A 056 | Continued From page 4<br><br>6. Expiration date.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interviews and record review, the facility failed to ensure every reasonable effort was made to refill medication in a timely manner; and, failed to ensure "as needed (PRN)" medication listed on the Medication Observation Record (MOR) had specific instructions for use; and, failed to maintain copies of orders signed by a health care provider for change in direction of use in medication for 1 out of 3 sampled residents (Resident #3).<br><br>The findings included:<br><br>A. Review of the MOR for Resident #3 revealed prescribed .25 mg, to be taken every night at bedtime, was not given to the resident on , , , , and . The MOR showed the reason that the medication was not available each of these days as "waiting on delivery (by pharmacy)". The MOR documented that this order had been "discontinued on ". The MOR also noted this scheduled dose was in addition to another "as needed (PRN)" dose that had not been disbursed yet since the date it was prescribed on . During interview with the Director Of Wellness on at 3:00 PM, a copy of the discontinue order for the scheduled dose was requested but was not available at this time. She also acknowledged that the medication | A 056 | | |

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| A 056 | Continued From page 5<br><br>supply should be requested to be refilled by the facility staff at least 5 doses prior to running out. There was no documentation showing any attempts to obtain the medication prior to not having it available on .<br><br>Resident #3's representative stated during interview on at 10:30 AM that "there are times when they do not refill (Resident #3's) medications in a timely manner".<br><br>In an email dated at 1:15 PM, the Administrator wrote "9.4.24 PRN restarted medication was delivered on last evening" for the order dated . Another email received at 2:06 PM noted that the reason for the unavailable copies of orders was that the pharmacy reentered the medication orders on the MOR upon the resident's return from the hospital without providing the facility with copies.<br><br>B. On , the MOR for Resident #3 was reviewed and listed " ( ) .25 mg, take 1 tablet by once daily as needed". There were no instructions listed for what reason a cognizant resident was to request this medication.<br><br>These findings were discussed with the Administrator and Director Of Wellness at 3:00 PM on . The facility provided no additional information for review at this time.<br><br>Class III | A 056 | | |
| A 084 | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011 | A 084 | | |

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| A 084 | Continued From page 6<br><br>(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:<br>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.<br>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: | A 084 | | |

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| A 084 | Continued From page 7<br>a. Assist with oral dosage forms, dosage forms, and and dosage forms;<br>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;<br>c. Recognize the need to obtain clarification of an "as needed" prescription order;<br>d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse reactions to medications and report such reactions;<br>h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;<br>i. Assist with ;<br>j. Use a to perform testing;<br>k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;<br>l. Apply and remove stockings and hosiery;<br>m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and,<br>n. Measurement of rate, temperature, and rate. | A 084 | | |

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| A 084 | Continued From page 8<br><br>(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.<br>(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.<br><br>429.52<br>(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to ensure 2 of 2 unlicensed staff who assist in providing self-administered medications to residents had completed the required initial 6 hour Assistance with Self-Administration of Medication and Medication Management training | A 084 | | |

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| A 084 | Continued From page 9<br><br>(Staff A and Staff C).<br><br>The findings included:<br><br>1) Per employee record review, Staff A, a Med Tech, was hired on to assist with providing medications to residents during the 7 AM - 3 PM shift.<br><br>During a thorough employee record review for Staff A, no training certificate showing this staff had completed the required initial 6-hour training for assistance with the self-administration of medications could be found.<br><br>2) Per employee record review, Staff C, a Med Tech, was hired on to assist with providing medications to residents during the 11 PM - 7 AM shift.<br><br>During a thorough employee record review for Staff C, the only certificate being provided in the record which showed that this staff had completed the required initial 6-hour training for assistance with the self-administration of medications did not meet the state's training requirements. The certificate's title of the training was "Safe Handling and Administration of Medication," and there was no documented training hours on the certificate. Also, the person signing the certificate was not a Registered Nurse or a Licensed Pharmacist.<br><br>On at approximately 12:30 PM, the Health and Wellness Director was notified of the deficient practice related to Staff A and Staff C's failure to complete an approved initial 6-hour Assistance with the Self-Administration and Medication Management training prior to | A 084 | | |

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| A 084 | Continued From page 10<br>assuming Med Tech responsibilities.<br><br>Class III | A 084 | | |
| A 093 | 59A-36.012(2) FAC Food Service - Dietary Standards<br><br>(2) DIETARY STANDARDS.<br>(a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible.<br>(b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.<br>(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or | A 093 | | |

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| A 093 | Continued From page 11<br>a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.<br>1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.<br>2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.<br>(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.<br>(e) Therapeutic diets must be prepared and served as ordered by the health care provider.<br>1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.<br>2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. | A 093 | | |

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| A 093 | Continued From page 12<br><br>(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.<br>(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on .<br>(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interviews, the facility failed to ensure the menu approved by the dietician was followed with substituted menu items documented and maintained for six months.<br><br>The findings included: | A 093 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11964318 | A. BUILDING: _____ B. WING _____ | 09/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SODALIS STUART | 860 S.E. CENTRAL PARKWAY STUART, FL 34994 |

| (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 093 | Continued From page 13<br><br>On ..... at 12:00 PM, the meal served to residents was observed to be country fried steak, mashed potatoes and mixed vegetables or brocolli. The menu posted at the dining room entrance labeled "Week 1" and signed by the dietician on listed the lunch to be served as pork loin, onion stuffing casserole, brocolli and bread, and fish as a substitute for the pork.<br><br>At 12:30 PM on , the front desk clerk provided the menu that is handed to residents upon request. This menu was labeled a "circle menu" but was not signed and approved by the dietician. The menu listed the items served to the residents on this date, with "bread or roll with butter". There were no bread or rolls served with lunch on this date.<br><br>These findings were discussed with the Administrator during interview on at 3:00 PM. The facility provided no additional information for review at this time.<br><br>Class III | A 093 | | |