

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/04/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SODALIS MERRITT ISLAND

**535 CROCKETT BLVD.
MERRITT ISLAND, FL 32953**

(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 010 SS=D	429.26() FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.	A 010		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 010	Continued From page 1 (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006	A 010			

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A 010	Continued From page 2 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a _____ may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A _____ ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:	A 010			

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A 010	Continued From page 3 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the Resident Health Assessment Form (1823) to reflect a change in condition for 1 of 2 sampled residents (#14). Findings:	A 010			

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A 010	Continued From page 4 1. On a review of resident 14's health assessment form 1823 revealed he was admitted on . His record contained a resident health assessment form (1823) dated . His diagnosis included a history of communication, . He was not at risk for . He was supervision with everything except bathing and with required assistance. On at 12:27pm while conducting a record review of resident 14's chart it revealed that the resident on , 2X on . At 2: 17pm the administrator was asked if resident 14 had a care plan and what were measures were put in place. The administrator stated that the staff would remind resident #14 to use his walker, also to encourage resident to put on proper footwear. On at 12:45pm the Assistant Director of Nursing was asked what the facility did to prevent resident #14 from sustaining frequent . She stated that the staff would conduct frequent checks to remind him to wear proper footwear, ask for assistance, and use his walker. On at 12:57pm both the ADON and the administrator confirmed that resident #14 had 5 confirmed . There was no updated 1823 to reflect the resident was a risk. Class III	A 010			
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26	A 025			

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A 025	Continued From page 5 (7) The facility shall notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. 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 _____, _____ 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 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	A 025		

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A 025	Continued From page 6 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 resident record review, facility's documentation and interview, the facility failed to ensure that appropriate supervision for care and services by implementing measures and safety interventions to prevent for 1 of 16 sampled residents (#13) as required. Findings: 1. A record review for resident #13's revealed date of admission on . The last 1823 Health Assessment dated listed medical history of , mild , insufficiency, and . She ambulates using a walker with a high risk for and hearing . She needs supervision with bathing, and grooming and independent with eating, ambulation, toileting and transferring. She needs assistance with self-administration of medications.	A 025			

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A 025	Continued From page 7 An incident on . . . at 10:10 AM occurred where resident #13 . . . inside her apartment. She was observed found on the floor lying . . . down in the living room area on top of a large carpet with her . . . close to the television (TV) stand. Her right arm was under her . . . and left bent close to body. Her left . . . near her . . . She had one shoe on and the other shoe next to her . . . flipped up. Her walker was not within reach. Resident #13 had a . . . above left . . . with minimal . . . Resident #13 was in severe . . . from left . . . to left . . . The First responders were called and transported resident #13 to the emergency department for further evaluation. A facility note dated . . . at 10:58 AM by Licensed Practical Nurse (LPN) F documented resident #13 pinged for assistance around 10:10 AM, found resident #13 alert and oriented lying down on the floor in her living room. Resident #13 . . . was close to the TV stand. Her right arm was under her . . . and left . . . bent near her body. Her left . . . was near her . . . One shoe was on, and the other was found next to her other . . . It was observed that a . . . above the left . . . with minimal . . . Resident #13 expressed severe . . . from left . . . to left . . . 911 was called and transported to the hospital. The physician and daughter were notified. The last service plan updated on . . . for resident #13 had documented that she ambulates with a cane and page 12 documented resident #13 does not require any . . . risk interventions. A hospital record was requested on . . . at 9:38 AM to the local hospital for review of the injuries sustained during resident #13's . . .	A 025			

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A 025	Continued From page 8 A review of the facility's policy and procedures documented that any resident experiencing a will receive the appropriate care and interventions necessary immediately after the . In further review, the procedures documented to assess the resident, then call 911 for broken, and injuries. Notify the family and physician. Complete an incident report, monitor resident for 72 hours and document safety awareness. Lastly complete a service plan for interventions. On at 1:20 PM, an interview with Licensed Practical Nurse F confirmed the findings. On at 1:25 PM, an interview with the Administrator confirmed the findings. Class II	A 025			
A 030 SS=D	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	A 030			

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A 030	Continued From page 9 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, 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.	A 030			

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A 030	Continued From page 10 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 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	A 030			

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A 030	Continued From page 11 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 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.	A 030			

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A 030	Continued From page 12 (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 ill, 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 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 harassment, 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, responsibilities, 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	A 030			

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A 030	Continued From page 13 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 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	A 030			

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NAME OF PROVIDER OR SUPPLIER SODALIS MERRITT ISLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 535 CROCKETT BLVD. MERRITT ISLAND, FL 32953		
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A 030	Continued From page 14 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 record review and interview, the facility failed to follow its complaints and grievances policy by failing to document a resolution to complaints during resident meetings. Findings: Review of the complaints and grievances policy, revised , indicated complaints or grievances may be made in person, in writing or may be reported anonymously. The executive director will respond to the complaint within 7 days of receipt of the complaint and post the grievance on the grievance log. Executive Director will document the results of the investigation. Executive director will contact complainant to discuss the conclusion of the investigation. Review of minutes from the resident council meetings and of the grievance log revealed there was no documentation to indicate the residents' complaints were responded to. On at 8:56 AM, the administrator said all department managers received a copy of the minutes. The administrator then read them and made notes of what she needed to discuss with the residents. A staff and resident combined meeting were then held the following week to inform the residents of the resolutions, which were not documented.	A 030			

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A 030	Continued From page 15 On at 10:31 AM, an interview with resident #3 stated that her room had not been cleaned in a week as well as trash had not been picked up over the weekend. Resident #3 said that she told the Administrator in a verbal grievance but did nothing about it. On at 11 AM, an interview with the Maintenance Director confirmed that the past week and this weekend the facility was short staffed due to Housekeeper J resigned on , and Housekeeper (I) had called out on Sunday (), Monday () and Tuesday (). Housekeeper H's schedule changed, and she did not show up to work on as scheduled. The Maintenance Director confirmed that Housekeeper H did not check and did not look at her new schedule. A review of the housekeeping staff schedule for and . The schedule still had Housekeeper J still on the schedule to work on and when she had quit on . The schedule was incomplete and did not document work times and assignment on the floor to be worked. The schedule was incomplete, dated from - , and did not have time and no assignments for the housekeepers to reference. On at 1:45 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class III	A 030		

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A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.	A 032		

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A 032	Continued From page 17 (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on facility's documentation and interview, the facility failed to ensure that 2 of 5 sampled staff (A, C) participated in two elopement drills annually as required. Findings: 1. Review of caregiver A's personnel record revealed a hire date of _____. Review of elopement drills conducted on _____ and _____ revealed caregiver A was not a participant during either one. On _____ at 11:50 AM, the findings were _____	A 032			

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A 032	Continued From page 18 discussed with the administrator. On at 1:20 PM, the administrator said she had no additional documentation to provide. 2. Review of caregiver C's personnel record revealed a hire date of . Review of the facility's 2024 resident elopement drills revealed the caregiver was not listed as a participant. On at 1:20 PM the findings were discussed with the administrator, who said there were no other personnel documents to provide. (Photographic Evidence Obtained) Class III	A 032		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , , nonintact skin, and mucous during the provision of personal	A 036		

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A 036	Continued From page 19 services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a . shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observations and interview, the facility did not ensure that all staff received training in control for 1 of 1 sampled staff (E), who failed to follow control procedures when interacting with the residents during mealtime.to implement hygiene before and after services to the residents. Findings: On at 12:15pm employee E was observed taking a meal to a resident, then picked up two plates which had been eaten from. She brought the plates into the kitchen, placed the dishes into the sink, then attempted to take other residents' meals. Employee E was asked if she had any training on control. Employee E stated yes, she has had training on control. On at 1:12pm the administrator was asked if employee E had training on control. The administrator stated yes, all new employees are taught control in their pre-service orientation. The administrator was made aware of the observation of staff E during dining.	A 036		

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A 036	Continued From page 20 On _____ at 2:30pm employee E was asked when the last time was, she had received control training she stated about a month ago on the facility education website. Employee E did confirm that she did not wash her nor change her gloves during the observation. Employee E was reminded to always use proper hygiene. Class III	A 036			
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 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 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	A 054			

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A 054	Continued From page 21 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a medication observation record (MOR) was accurately updated for 2 of 16 sampled residents (4, 16.) Findings: 1. Review of resident #4's record revealed a medical history of _____ type 2. On _____ a health care provider ordered _____ 6 units three times a day before meals. Hold if _____ is less than 150. Review of the resident's _____ MOR revealed unlicensed caregiver A signed that she gave the _____ despite a _____ reading of 132. On _____ at 9:20 AM, unlicensed caregiver A said she did not give the _____ and signed the MOR in error. 2. Review of resident #16's _____ MOR revealed unlicensed caregiver D signed that she gave the resident medications on _____. However, unlicensed caregiver D only observed unlicensed caregiver A giving the medications . On _____ at 9:22 AM, unlicensed caregiver A said when she signed the MOR unlicensed	A 054			

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A 054	Continued From page 22 caregiver D was logged onto the computer. Class III	A 054		
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	A 056		

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A 056	Continued From page 23 obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxed, 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,	A 056			

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A 056	Continued From page 24 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., 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 obtain a revised label from the pharmacy or place an "alert" label on the medication package to direct staff to examine the revised directions for use in the medication observation record (MOR) for 1 of 4 sampled residents (#17) whose medication had a change in directions for use. Findings: Review of resident #17's health assessment (1823) revealed resident needed assistance with self-administration of medications. Her medical diagnosis included On at 11:33 AM at a medication pass observation, a review of resident #17's Admelog prescription label revealed the directions for use on it were 2 units , twice a day before meals. Review of the MOR revealed the directions for use was 4 units , three times daily before meals. There was no alert label on the medication	A 056			

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A 056	Continued From page 25 package to indicate a change in the directions. On at 11:35 AM the findings were discussed with unlicensed caregiver A, who confirmed the findings and said the correct dose is 4 units and normally when there is a new order with a change in direction a sticker is placed on the medication to indicate a change. Class III	A 056			
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of	A 078			

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A 078	Continued From page 26 having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility , to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by:	A 078			

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A 078	Continued From page 27 Based on observation, record review, and interview, the facility failed to ensure staff were appropriately licensed to perform a task when an unlicensed caregiver assisted 3 of 3 sampled residents (#4, #16, #17,) with Findings: 1. Review of resident #4's health assessment (1823) revealed resident needed assistance with self-administration of medications. Her medical diagnosis included On at 11:47 AM unlicensed caregiver A was observed assisting resident #4 with . The caregiver dialed the prefilled to the prescribed 6 units then attached the needle to the pen. She then handed the to the resident, and the resident injected the medication into her abdomen. 2. Review of resident #16's 1823 revealed resident needed assistance with medication self-administration. The record revealed a medical history of right , and shadows in left . On at 11:31 AM unlicensed caregiver A was observed assisting resident #16 with . The caregiver dialed the prefilled to the prescribed 6 units then attached the needle to the pen. She then handed the to the resident, and the resident injected the medication into her abdomen. Resident #16 said she cannot dial the medication because she is . On at 2:17 PM unlicensed caregiver A said she knows that she is not supposed to prepare	A 078			

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NAME OF PROVIDER OR SUPPLIER SODALIS MERRITT ISLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 535 CROCKETT BLVD. MERRITT ISLAND, FL 32953			
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A 078	Continued From page 28 the based on her pervious training at another facility, and she helps resident #16 because she is . 3. Review of resident #17's 1823 revealed resident needed assistance with self-administration of medications. Her medical diagnosis included . On at 11:36 AM unlicensed caregiver A was observed assisting resident #17 with Admelog . The caregiver dialed the prefilled to the prescribed 4 units then attached the needle to the pen. She then handed the to the resident, and the resident injected the medication into her abdomen. On at 9:11 AM the findings were discussed with the administrator, who said she was not aware the caregiver was dialing the and attaching the needles. Review of the facility's clinical protocol for assisting with injections indicated residents will receive assistance with injections using acceptable standards of practice. Instructions stated to resident the pen, instruct resident to remove cap, insert needle and dial up correct dose and prime pen per order. Staff may assist in removing the cap, placing needle, priming pen dialing up correct dose. Class III	A 078			
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52	A 081			

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A 081	Continued From page 29 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by 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. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (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 081			

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A 081	Continued From page 30 (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, 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	A 081			

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A 081	Continued From page 31 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, 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	A 081		

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A 081	Continued From page 32 policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure a 2-hour preservice orientation certificate of training for 3 of 5 sampled staff (A, B, C) was signed by the employee. Findings: 1. Review of caregiver C's personnel record revealed a hire date of . A preservice orientation certificate of training indicated it was not signed by the caregiver. On at 11:14 AM the findings were discussed with the administrator, who confirmed the findings. On at 1:20 PM the administrator said there were no other personnel documents to provide. 2. Review of caregiver A's personnel record revealed a hire date of . The 2-hour preservice orientation certificate was not signed by the caregiver. 3. Review of caregiver B's personnel record revealed a hire date of . The 2-hour preservice orientation certificate was not signed by the caregiver. On at 11:50 AM, the findings were discussed with the administrator.	A 081			

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A 081	Continued From page 33 On at 1:20 PM, the administrator said she had no additional documentation. Class III	A 081			
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (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.firules.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. (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. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed	A 093			

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A 093	Continued From page 34 nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or 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. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 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. (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. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 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. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide	A 093			

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A 093	Continued From page 35 notification to the resident's health care provider of such refusal. (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. (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 (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. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide menus which are planned based on the dietary guidelines. All regular therapeutic menus used by the facility must be reviewed annually by a licensed or registered dietitian.	A 093			

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A 093	Continued From page 36 Findings: On at 1:42pm the dietary manager was asked about the alternate menu which he was observed to be using at the time. The dietary manager was asked to show the following week's food supply which is listed on the menus. The dietary manager was asked to show the substitution log. He stated that at the current time he could not locate it. At 2:04pm the dietary manager was asked if the menus are reviewed by a licensed dietitian. He stated no, he just pulls menus from the programs on the internet. On at 2:45pm the dietary manager did confirm the findings. Class III	A 093			
A 161 SS=D	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 161			

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A 161	Continued From page 37 (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 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:	A 161			

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A 161	Continued From page 38 Based on personnel record review and interview, the facility failed to ensure the personnel record for 3 of 5 sampled staff contained a job description (A, B, C.) Findings: 1. Review of caregiver A's personnel record revealed a hire date of 2. Review of caregiver B's personnel record revealed a hire date of Neither record contained a job description. On at 11:50 AM, the findings were discussed with the administrator. On at 1:20 PM, the administrator said she had no additional documentation. 3. Review of caregiver C's personnel record revealed a hire date of Review of the caregiver's personnel record revealed it did not contain a copy of the job description given to the caregiver. On at 11:14 AM the findings were discussed with the administrator. On at 11:49 AM the administrator said she could not find a job description for the employee. Class III	A 161		
ZZ000	Initial Comments	ZZ000		

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ZZ000	Continued From page 39 A re-licensure survey and generator monitoring were conducted at Sodalís Merritt Island Assisted Living Facility on _____ and _____. The provider had deficiencies at the time of the survey visit.	ZZ000			
ZZ821	59A-35.110() FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal : 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, _____, which is hereby incorporated by	ZZ821			

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ZZ821	Continued From page 40 reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	ZZ821			

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ZZ821	Continued From page 41 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident.	ZZ821			

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ZZ821	Continued From page 42 d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to \$50 per day late not to exceed \$500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a preliminary report within 1 business day and a full report within 15 calendar days after a resident experienced a with injuries that resulted in a transfer to a hospital for 3 of 16 sampled residents (5, & 13.) Findings: 1. Review of resident #5's record revealed a medical history of type 2, and , . On , at approximately 12:20 AM staff responded to the residents' room to find him on the floor behind a recliner in the living room. The resident was unsure how he . A bump on the of his was . 911 was called and he was transported to the hospital. He	ZZ821			

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ZZ821	Continued From page 43 returned to the facility at 5:41 AM. A hospital visit summary indicated the resident was seen for a injury, and On at 9 AM, the administrator said the preliminary and full reports were not submitted for the and resulting hospital visit because she thought they were submitted only if the incident was adverse and the facility failed to do something. 2. A record review for resident #13's revealed date of admission on . The last 1823 Health Assessment dated listed medical history of , mild , insufficiency, and . She ambulates using a walker with a high risk for and hearing . She needs supervision with bathing, and grooming and independent with eating, ambulation, toileting and transferring. She needs assistance with self-administration of medications. An incident on at 10:10 AM occurred where resident #13 inside her apartment. She was found on the floor lying down in the living room area on top of a large carpet with her close to the television (TV) stand. Her right arm was under her and left bent close to body. Her left near her . She had one shoe on, and the other shoe was next to her flipped up. Her walker was not within reach. Resident #13 had a above the left with minimal . Resident #13 was in severe from her left to left .	ZZ821			

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ZZ821	Continued From page 44 The First responders were called resident #13 was transported to the hospital for further evaluation. A facility note dated _____ at 4:02 PM by Licensed Practical Nurse F documented resident #13 returned from the hospital with her daughter at approximately 2 PM today. Findings: Left _____ closed _____ with _____ on the _____ and a _____-aid covering above the left _____. Resident #13 had a _____ on left arm. The family will follow up with the Orthopedic physician. Resident #13 received _____ at the hospital. The daughter will pick up new prescriptions from the pharmacy for _____ 8 milligrams (mg) every 8 hours for 7 days, Norco 5-325mg one tablet as needed every 4 hours for 3 days for _____. Resident #13 was in moderate _____ with movement of left arm. A new facility assessment will be completed once resident #13 feeling better. On _____ at 11:30 AM, an interview with the Administrator confirmed that she did not submit an adverse incident report to the agency because it was not the facility's fault. (Photographic Evidence Obtained) Unclassified	ZZ821			
ZZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for	ZZ830			

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ZZ830	Continued From page 45 emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed.	ZZ830			

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ZZ830	Continued From page 46 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility	ZZ830			

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ZZ830	Continued From page 47 failed to provide a have documentation of an annual Comprehensive Emergency Management Plan (CEMP) approved by the county emergency management agency as required. Findings: On at 11:30am the administrator stated that the CEMP was submitted to the county on , however, she could not secure a letter of compliance from the county. The administrator stated that she had sent the packet out for approval. The administrator stated that the county official requested her to complete the deficiencies which were identified in an email from the county official. On at 2:34pm in an email dated , 6 months after the county official made her aware of the deficient practices the administrator did not correct the deficiencies at that time. The administrator could not show proof of an approval letter for year 2024. On at 3:20pm the administrator stated she had been corresponding with the county official trying to secure an approval letter . Photographic evidence obtained Class III	ZZ830			
ZZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee	ZZ875			

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ZZ875	Continued From page 48 must receive basic written information about interacting with persons who have 's or related forms of (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with 's or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person '	ZZ875			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SODALIS MERRITT ISLAND

**535 CROCKETT BLVD.
MERRITT ISLAND, FL 32953**

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ZZ875	Continued From page 49 s independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with _____'s or related forms of _____, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training: 1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d). 2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of _____-specific training. Such training must include, but is not limited to, understanding _____ and related forms of _____, the stages of _____'s _____, communication strategies, medical information, and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or	ZZ875		

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ZZ875	Continued From page 50 electronic learning For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning . . . chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant.	ZZ875			

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ZZ875	Continued From page 51 (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, _____, or referred to provide services before _____, must complete the training required in this section before _____. Proof of completion of equivalent training completed before _____ shall substitute for the training required in subsection (4). Each person employed, _____, or referred to provide services on or after _____, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 sampled caregivers (A, B, C) completed a 1-hour training on _____ and related forms of _____ (ADRD) provided by the department of elderly affairs within 30 days after beginning employment. Findings: - Review of caregiver A's personnel record revealed a hire date of _____. - Review of caregiver B's personnel record revealed a hire date of _____. Neither record contained a 1-hour training on ADRD provided by the department of elderly affairs. On _____ at 11:50 AM, the findings were	ZZ875			

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ZZ875	Continued From page 52 discussed with the administrator. On at 1:20 PM, the administrator said she had no additional documentation. 3. Review of caregiver C's personnel record revealed a hire date of . The personnel record did not include a 1-hour training on and related forms of (ADRD) provided by the department of elderly affairs. On at 11:57 AM the findings were discussed with the administrator. On at 1:20 PM the administrator said there were no other personnel documents to provide. Class III	ZZ875			
A 000	Initial Comments A re-licensure survey and generator monitoring were conducted at Sodalís Merritt Island Assisted Living Facility on and . The provider had deficiencies at the time of the survey.	A 000			
A 009 SS=D	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information	A 009			

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A 009	Continued From page 53 meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in Rule 59A-36.007, F.A.C.; 11. The facility policy concerning pursuant to Section 429.255, F.S., and Rule 59A-36.009, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may	A 009			

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A 009	Continued From page 54 reside based on the policies and procedures described in Rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with _____'s and related _____, a written description of those special services as required in Section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of Rule 59A-36.018, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by Rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints.	A 009			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER SODALIS MERRITT ISLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 535 CROCKETT BLVD. MERRITT ISLAND, FL 32953			
(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 009	Continued From page 55 (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide upon admission to the facility a (clot) consumer information pamphlet for 2 of 5 sampled residents (11, 13). Findings: 1. Review of resident #11's record revealed an admission date of . 2. Review of resident #13's record revealed an admission date of . Both records did not contain a clot consumer information pamphlet. On at 9:10 AM the findings were discussed with the administrator, who confirmed the findings and said she was aware of the new requirement. Class III	A 009			