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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| | AL11922285 | A. BUILDING: _____ B. WING _____ | 05/27/2026 |

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| ZZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12 Care Provider Background Screening Clearinghouse.-<br>(2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation:<br>1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.<br>2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity.<br>(c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse.<br>1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made.<br>2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made. | ZZ814 | | |

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| ZZ814 | Continued From page 1<br><br>(d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ˬ , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure employees were added to and removed from the Agency for Healthcare Administration (AHCA) Background Screening (BGS) Roster within five business days of hire date, for twelve employees (Director of Health and Wellness, Marketing Director, Staff H, Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, and Staff Q) of twelve sampled employees.<br><br>Findings included:<br><br>A review of the facility's AHCA background screening roster, conducted on , revealed Staff M, Staff N, Staff O, Staff P, and Staff Q were listed as current employees.<br><br>During an interview on at 2:40 p.m. the Administrator agreed Staff M, Staff N, Staff O, Staff P, and Staff Q were not current employees | ZZ814 | | |

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| ZZ814 | Continued From page 2<br><br>and were terminated.<br><br>A record review of the facility's staff list, conducted on , revealed the Director of Health and Wellness, Marketing Director, Staff H, Staff I, Staff J, Staff K, and Staff L were current employees of the facility.<br><br>A review of the facility's AHCA background screening roster, conducted on , revealed the Director of Health and Wellness, Marketing Director, Staff H, Staff I, Staff J, Staff K, and Staff L were not listed as current employees. The Director of Health and Wellness was hired on . The Marketing Director was hired on . Staff H was hired on . Staff I was hired on . Staff J was hired on . Staff K was hired on . Staff L was hired on .<br><br>During an interview on at 2:40 p.m., the Administrator agreed the employees were not added to or removed from the BGS Roster in a timely manner.<br><br>(Photographic evidence obtained)<br><br>Unclassified | ZZ814 | | |
| ZZ830 SS=D | 408.821 FS Emergency Management Planning<br><br>408.821 Emergency management planning; emergency operations; inactive license.-<br>(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 emergency operations. Such licensee shall submit its comprehensive emergency | ZZ830 | | |

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| ZZ830 | Continued From page 3 | ZZ830 | | |

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.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services

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| ZZ830 | Continued From page 4<br><br>but is reasonably expected to resume services within 12 months.<br>(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.<br><br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to provide evidence of a submitted Comprehensive Emergency Management Plan | ZZ830 | | |

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| ZZ830 | Continued From page 5<br>(CEMP).<br><br>Findings included:<br><br>An attempted record review revealed no evidence of the last submitted CEMP.<br><br>A record review revealed the facility had an approved CEMP valid until .<br><br>During an interview on at 11:13 a.m. an Emergency Management Agency representative stated the last approved CEMP was valid from - . The Agency representative stated she had not received another submission.<br><br>During an interview conducted on at 1:00 p.m. with the Administrator stated she could not provide evidence of submission of the CEMP for 2025-2026.<br><br>(Photographic Evidence Obtained)<br><br>Class III | ZZ830 | | |
| ZZ875 SS=D | 430.5025(4 & ) / ;<br>Training<br><br>(4) Employees of covered providers must complete the following training for 's and related forms of :<br>(a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of .<br>(b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or | ZZ875 | | |

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| ZZ875 | Continued From page 6<br><br>residents must complete a 1-hour training program provided by the department.<br>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.<br>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.<br>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.<br>(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 ' s independence in activities of daily living, and skills in working with families and caregivers.<br>(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 | ZZ875 | | |

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| ZZ875 | Continued From page 7 | ZZ875 | | |

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 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

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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.
(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

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| ZZ875 | Continued From page 9<br><br>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).<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure employees received training regarding 's or related forms of (ADRD) for six employees (Administrator, Staff B, Staff D, Staff E, Staff F, and Staff G) of six sampled employees.<br><br>Findings included:<br><br>An employee record review for the Administrator revealed no evidence the Administrator completed the one-hour online training with the department regarding ADRD within thirty days of employment. The Administrator was hired on .<br><br>An employee record review for Staff B revealed no evidence Staff B completed the one-hour online training with the department regarding ADRD within thirty days of employment. Staff B was hired on .<br><br>An employee record review for Staff D revealed no evidence Staff D completed the one-hour online training with the department regarding ADRD within thirty days of employment. Staff D | ZZ875 | | |

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| ZZ875 | Continued From page 10<br><br>was hired on .<br><br>An employee record review for Staff E revealed no evidence Staff E completed the one-hour online training with the department regarding ADRD within thirty days of employment. Staff E was hired on .<br><br>An employee record review for Staff F revealed no evidence Staff F completed the one-hour online training with the department regarding ADRD within thirty days of employment, three hours of ADRD training within three months of employment, and four hours of ADRD training within six months of employment. Staff F was hired on .<br><br>An employee record review for Staff G revealed no evidence Staff G completed the four hours of ADRD training yearly. Staff G was hired on .<br><br>During an interview on at 2:40 p.m. the Administrator agreed the ADRD trainings were missing for the six employees.<br><br>Class III | ZZ875 | | |
| A 000 | Initial Comments<br><br>A complaint investigation (complaint number #2026008835 & 2026005326) was conducted at Sodalis Largo on . Deficiencies were identified at the time of the survey. | A 000 | | |
| A 008 SS=D | 429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment<br><br>429.26 | A 008 | | |

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| A 008 | Continued From page 11<br><br>(5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.<br><br>(6) Any resident accepted in a facility and placed by the Department of Children and Families must | A 008 | | |

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| A 008 | Continued From page 12<br><br>have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance. | A 008 | | |

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| A 008 | Continued From page 13<br><br>59A-36.006<br>(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.<br>(a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following:<br>1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,<br>2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,<br>3. Any nursing or , , services required by the individual,<br>4. Any special diet required by the individual,<br>5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,<br>6. Whether the individual has signs or symptoms of , , , or any other communicable , which are likely to be transmitted to other residents or staff,<br>7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and,<br>8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner.<br>(b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA | A 008 | | |

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| A 008 | Continued From page 14<br><br>Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.<br>1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility.<br>2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.<br>(c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).<br>(d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule.<br>(e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to | A 008 | | |

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| A 008 | Continued From page 15<br><br>the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or<br><br>(f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to maintain an updated and completed Agency for Health Care Administration (AHCA)1823 assessment form (1823) for three of (Resident #8, #11, and #15) of six sampled residents.<br><br>Findings included:<br><br>A record review for Resident #8, revealed Resident #8's 1823 signed and dated on was incomplete and did not indicate if the Resident required assistance with bathing, or toileting on page 2.<br><br>A record review for Resident #11 revealed Resident #11's 1823 signed and dated on was incomplete and did not indicate if | A 008 | | |

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| A 008 | Continued From page 16<br><br>the Resident required assistance with ambulation on page 2.<br><br>A record review for Resident #15, revealed Resident #15's 1823 signed and dated on was incomplete and did not indicate if the Resident had any Nursing/Treatment/ service Requirements or precautions. Furthermore, the 1823 did not include the examiner's printed name or phone number of the medical certification at the bottom of page 3.<br><br>During an interview on at 2:30 p.m., the Administrator agreed, the 1823 form for Residents #8, #11, and #15 were incomplete.<br><br>(Photographic Evidence Obtained)<br><br>Class III | A 008 | | |
| A 081 SS=D | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52<br>(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.<br>(b) Each assisted living facility employee must complete the training required under s. 430.5025. | A 081 | | |

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| A 081 | Continued From page 17<br><br>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).<br>(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).<br><br>(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.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(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).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(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.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: | A 081 | | |

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| A 081 | Continued From page 18<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(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.<br>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(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:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. | A 081 | | |

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| A 081 | Continued From page 19<br><br>(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:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(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.<br>(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.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to provide direct care staff with the required in-service training within thirty days of employment for one employee (Staff E) of six sampled employees.<br><br>Findings included: | A 081 | | |

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| A 081 | Continued From page 20<br><br>An employee record review for Staff E revealed Staff E's employee record did not contain evidence Staff E obtained training regarding Activities of Daily Living and Behavioral Needs, Reporting Major Incidents and Facility Emergency Procedures, Resident Rights and Recognizing/Reporting /Neglect, and Nutritional and Safe Food Handling. Staff E was hired on .<br><br>During an interview on at 2:40 p.m. the Administrator agreed the training was missing for Staff E.<br><br>Class III | A 081 | | |
| A 093 SS=D | 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 | A 093 | | |

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| A 093 | Continued From page 21<br>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 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 | A 093 | | |

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| A 093 | Continued From page 22<br>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.<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 | A 093 | | |

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| A 093 | Continued From page 23<br><br>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 record review and interviews, the facility failed to ensure all regular and therapeutic menus were reviewed and signed annually by a licensed or registered dietitian and conspicuously posted.<br><br>Findings included:<br><br>During a tour of the facility on at 9:10 a.m. no planned menus at least 1 week in advance were observed for both regular and therapeutic diets.<br><br>During a record review of the menus dated - provided by the Administrator revealed no portion sizes or signatures of a registered dietitian.<br><br>During an interview conducted on at 2:30 p.m. the Administrator confirmed the menus were not signed by a registered dietitian.<br><br>(Photographic evidence obtained)<br><br>Class III | A 093 | | |
| A 152 SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and, | A 152 | | |

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| A 152 | Continued From page 24<br><br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record reviews and interviews, the facility failed to ensure that all existing structural systems are maintained in good working order.<br><br>Findings included: | A 152 | | |

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| A 152 | Continued From page 25<br><br>Observations during the tour of the facility, conducted on from 9:10 a.m. to 1:00 p.m., revealed the following:<br>- Resident #1's room ( ) had termite wings observed all over bathroom. A missing ceiling tile and stained ceiling tiles observed in room. Resident #1's room was filthy and appeared not to be cleaned for a long period of time. Feces observed on door handle and floor. Multiple dark stains, a roll of toilet paper, dirty toilet paper, and clothes and blankets all observed on the floor.<br>- had a broken ceiling tile by front door with exposed pipes and brown circular stained tiles.<br>- Second floor resident laundry observed two washers and two dryers, not plugged in.<br>- Third floor hall appears warm with temperature readings of 78.8 degrees Fahrenheit.<br>- Missing ceiling tile in common area of .<br><br>During an interview on at 9:31 a.m. Resident #1 stated termites were everywhere.<br><br>During an interview on at 9:34 a.m. Staff R (Unlicensed Medication Technician) stated the laundry machines were not working and she went everyday to a local laundry mat and did about 15 loads of laundry a day.<br><br>During an interview on at 1:00 p.m. the Administrator stated she was aware of the concerns for termites and could not provide evidence for any treatment plan.<br><br>During an interview on at 1:15 p.m. the Maintenance Director stated the air conditioner on the third-floor hall was broken and the washer and dryers needed to have a licensed | A 152 | | |

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| SODALIS OF LARGO | 333 16TH AVENUE SOUTHEAST LARGO, FL 33771 |

| (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 |
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| A 152 | Continued From page 26<br><br>professional come out to do the repairs. The Maintenance Director also stated that some ceiling tiles were in need of replacement.<br><br>(Photographic evidence obtained.)<br><br>Class III | A 152 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(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.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, | A 025 | | |

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|---|---|---|---|
| | AL11922285 | A. BUILDING: _____ B. WING _____ | 05/27/2026 |

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| A 025 | Continued From page 27<br><br>including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(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.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to respond to call pendants within a timely manner for emergencies and assistance with activities of daily living for all residents residing in the facility. Furthermore, the facility also failed to provide adequate personal supervision and oversight required for each resident to prevent and implement interventions for residents at risk for .<br><br>Findings included: | A 025 | | |

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| A 025 | Continued From page 28<br><br>A record review conducted on of the facility's call pendant report titled "Device Activity Report" for - revealed the following pendant response times:<br>- On at 8:48 a.m. it took 725 minutes to answer Resident #16's call.<br>- On at 5:06 a.m. it took 74 minutes to answer Resident #5's call.<br>- On at 8:42 p.m. it took 34 minutes to answer Resident #16's call.<br>- On at 11:02 a.m. it took 1,095 minutes to answer Resident #16's call.<br>- On at 8:53 a.m. it took 723 minutes to answer Resident #9's call.<br>- On at 9:42 p.m. it took 121 minutes to answer Resident #5's call.<br>- On at 4:47 p.m. it took 939 minutes to answer Resident #16's call.<br>- On at 4:01 p.m. it took 54 minutes to answer Resident #5's call.<br>- On at 7:12 a.m. it took 75 minutes to answer Resident #5's call.<br>- On at 12:11 a.m. it took 65 minutes to answer Resident #5's call.<br>- On at 1:12 p.m. it took 91 minutes to answer Resident #5's call.<br>- On at 7:23 a.m. it took 71 minutes to answer Resident #5's call.<br>- On at 2:41 p.m. it took 50 minutes to answer Resident #16's call.<br>- On at 10:09 a.m. it took 47 minutes to answer Resident #9's call.<br><br>During an interview on at 9:28 a.m. Resident #7 stated it took a while for staff to answer the pendant calls. Resident #7 also stated one time it took 12 hours for staff to respond to the call. Resident #7 stated other residents have problems with the call response times. | A 025 | | |

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| A 025 | Continued From page 29<br><br>During an interview on at 10:00 a.m. Resident #8 stated one time a few weeks ago she and pushed her pendant call button for help and it took the staff 2 hours to respond. Resident #8 stated she pressed it 6 times while she was lying on the ground on her arm. Resident #8 stated the facility needs more staff.<br><br>During an interview on at 9:34 a.m. Staff R stated there was not enough staff working in the facility, and that Staff R must pick up double shifts sometimes.<br><br>During an interview on at 9:48 a.m. Staff S stated there were not enough staff working in the facility. Staff S stated on weekends, there was just one person working in the memory care unit. Staff S stated they must pass out medications, serve all meals, shower residents, and do laundry.<br><br>During an interview on at 9:34 a.m. Staff A stated there were not enough staff working in the facility. Staff A stated sometimes there are only two staff working in the facility.<br><br>A record review for Resident #5 revealed Resident #5 had two unwitnessed on and and required assistance with ambulation. Further record review revealed no evidence of an updated service plan or risk assessment after .<br><br>A record review for Resident #15 revealed Resident #15 had two unwitnessed on and and required supervision with ambulation. Further record review revealed no evidence of an updated service plan or risk assessment after . | A 025 | | |

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| A 025 | Continued From page 30<br><br>A record review of the facility's undated policy revealed the following:<br>"After every : The HWD and ED will consult on proper follow-up related to: Resident Service Plan Changes and Risk/Assessment and follow-up."<br><br>During a interview on at 1:00 p.m. The Administrator stated the call pendant response time was expected to be resolved in minutes. The Administrator also stated the service plans should be unpdated after a resident had a .<br><br>(Photographic evidence obtained)<br><br>Class III | A 025 | | |