Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963720	A. BUILDING: _____ B. WING _____	R 10/28/2025

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

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{A 168}	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. .... 429.27, FS Property and personal affairs of	{A 168}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 168}	Continued From page 1 residents. - (7) In the event of the of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's , the funds shall be deposited in the Health Care Trust Fund administered by the agency. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to include the required components of the refund policy and procedure in the residency agreement without additional verbiage that negates the requirement for a prorated refund based on the daily rate to be distributed in the event of a resident's or discharge due to medical reasons for 8 of 8 sampled residents (Residents #6-#14. The findings included: On , the executed contracts between the facility and Residents #12, #13 and #14 were	{A 168}		

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{A 168}	Continued From page 2 reviewed. The contracts contained the required wording in the refund policy and procedure under "Refunds" that includes, "You are entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the date you vacate (the facility)...". However, the contract also includes a clause under "Early Termination By You With Notice" that nullifies the preceding required proration and states, "If your health status prevents you from continuing to reside at (the facility), you will continue to be charged all applicable daily fees until (the facility) receives notice of termination and until the apartment is vacated. In order to terminate this agreement due to reasons of health, the facility requires a physician's written letter stating that you cannot be sufficiently cared for at an assisted living facility. Upon , your family will continue to be charged until the belongings are vacated from the apartment or fifteen (15) days, whichever is greater". The additional clause that requires a physician's letter when a resident is discharged for medical reasons, and also allows charges to continue after for 15 days, negates the requirement in the regulations that the policy and procedure ensures the resident is provided a prorated refund based on the daily rate from the date of or discharge for medical reasons and after belongings are removed. The refund policy and procedure is required to include the clause, "Except in the case of or discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract". This states that there is no notice required by the resident when they are discharged for medical reasons or if they expire.	{A 168}		

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{A 168}	Continued From page 3 On at 2:30 PM, the Administrator stated during interview that there were no changes made to the previously sampled residents' contracts, and no addendum had been created or sent to the residents or representatives of current residents to correct the erroneous contract verbiage for the refund policy and procedure. An additional sample of residents, Residents #6, #7, #8, #9, #10 and #11 were chosen, with the same findings as noted above. The facility provided no additional information for review at this time. This is an uncorrected deficiency from the survey conducted on . Class III	{A 168}		
{A 170}	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide a prorated refund based on the daily rate after and belongings had been removed, for 5 out of 8 sampled residents (Residents #8, #9 and #11; and, Residents #13 and #14); and, failed to provide a refund within 45 days of a resident's for 1 out of 6 sampled	{A 170}		

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{A 170}	Continued From page 4 residents (Resident #10). The findings included: Chapter 429.24 (3), Florida Statute, requires that a refund policy "to be implemented at the time of a resident ' s transfer, discharge, or shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings...Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days ' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident". A. On , Resident #8 , and the representative moved the resident's belongings out on . The facility continued to charge the resident's representative as noted on the final invoice for "rent" at $130.00 a day. During interview with the resident's	{A 170}		

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{A 170}	Continued From page 5 representative on at 12:35 PM, she confirmed this information and stated that a partial refund was provided. An email received from the facility's Administrator on 11/10/25 at 11:27 AM confirmed that the facility determined an additional refund was due for 10 days, and sent $1300.00 to the representative on (more than 45 days after the resident's). B. On , Resident #9 , and the representative moved the resident's belongings out on . The facility continued to charge the resident's representative as noted on the final invoice for "rent" at $88.71 a day. During interview with the resident's representative on at 12:52 PM, she acknowledged this information. An email received from the facility's Administrator on at 11:27 AM confirmed that the facility determined an additional refund was due for 13 days, and sent $1153.23 to the representative on (more than 45 days after the resident's). C. On , Resident #10 , and the representative moved the resident's belongings out by . The facility continued to charge the resident's representative for , as noted on the final invoice for "rent" at $63.33 a day. A refund was not provided, and the representative paid a final bill on as an electronically withdrawn "ACH Payment". During interview with the resident's representative on at 1:34 PM, she confirmed this information and stated that a refund was not provided. An email received from the facility's Administrator on at 11:27 AM confirmed that the facility determined a refund was due for 17 days, and was going to be sent in the amount of $1076.67 to the representative	{A 170}		

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{A 170}	Continued From page 6 (more than 45 days after the resident's). D. On , Resident #11 , and the representative subsequently moved the resident's belongings out. The facility continued to charge the resident's representative for 14 days in as noted on the final invoice for "rent" at $88.71 a day, totaling $1241.94. A refund was not provided, and the representative paid a final bill on as an electronically withdrawn "ACH Payment". During interview with the resident's representative on at 12:52 PM, she confirmed this information and stated that a refund was not provided for the daily charges from th through . An email received from the facility's Administrator on at 11:27 AM confirmed that the facility determined an additional refund was due for 14 days, and sent $1241.94 to the representative on (more than 45 days after the resident's). E. On , Resident #13 , and the representative subsequently moved the resident's belongings out on . The facility continued to charge the resident's representative as noted on the final invoice for "rent" at $135.48 a day. A refund was not provided, and the representative paid the final bill. An email received from the facility's Administrator on at 5:28 PM confirmed that the facility determined a refund was due for 12 days, and was going to be sent in the amount of $1625.81 to the representative (more than 45 days after the resident's). This resident's inaccurate refund was identified during a previous survey on . F. On , Resident #14 , and	{A 170}		

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{A 170}	Continued From page 7 the representative subsequently moved the resident's belongings out of the facility. The facility continued to charge the resident's representative as noted on the final invoice for "rent" at $146.67 a day. A refund was not provided, and the representative paid the final bill. An email received from the facility's Administrator on at 5:28 PM confirmed that the facility determined a refund was due for 11 days, and was going to be sent in the amount of $1613.33 to the representative (more than 45 days after the resident's). This resident's inaccurate refund was identified during a previous survey on (Resident #11 on previous survey report). On at 2:30 PM, the Administrator stated during interview that there were no additional refunds provided to the previously sampled residents' representatives (Residents #13 and #14), and no changes made to the of the refunds that were provided with erroneous statutory verbiage in the contracts between the residents and the facility. An additional sample of residents (Residents #8, #9, #10 and #11) were chosen, with the findings as noted above. The facility provided no additional information for review at this time. This is an uncorrected deficiency from the survey conducted on . Class III	{A 170}		
{A 000}	Initial Comments An unannounced revisit to the Relicensure and Complaint (2024012562 & 2024014945) survey	{A 000}		

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{A 000}	Continued From page 8 was conducted on . at Sodalis Vero Beach. The facility corrected the previously cited deficiencies (A 0030 & A 0083). The facility had uncorrected deficiencies (Z 821, A 0010, A 0028, A 0031, A 0032, A 0168 & A 0170) and a new deficiency (A 0164) related to the revisit survey identified at the time of the visit.	{A 000}		
{A 010}	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	{A 010}		

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{A 010}	Continued From page 9 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. (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	{A 010}		

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{A 010}	Continued From page 10 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 (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,	{A 010}		

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{A 010}	Continued From page 11 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 [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 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.	{A 010}		

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{A 010}	Continued From page 12 (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 interviews, it was determined that the facility failed to continuously monitor a resident's appropriateness for residency in the facility in relation to pressure injuries (PIs) for 1 out of 1 sampled residents (Resident #2). The findings included: A resident requiring care of a ⌣ pressure injury may be retained in an ALF provided that the significant change is documented in the resident's record; and, 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. A facility may retain an resident who no longer meets the criteria for continued residency if they are receiving hospice services with a plan of care that delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident. The Administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. During interview with the HWD on at 12:30 PM, she stated that the resident had a due to a "surgical " and was on hospice. The records pertaining to the resident were requested at this time. Hospice Visit Note Reports with the following documentation was provided and reviewed: a. 40% mainly in bed; unable to do most activity, mainly requires assistance; and, listed (4)	{A 010}		

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{A 010}	Continued From page 13 are: 1. right , , not healing , 2. right ischium (lower , area), not healing , 3. left ischium, not healing , 4. , not healing , b. Skin and /injury treatments in place at this time: Turning/Repositioning Program and Management c. listed (5) 1. right , , not healing , 2. right ischium (lower , area), not healing , 3. left ischium, not healing , 4. , not healing , 5. , not healing , Resident #2's last health assessment (AHCA Form 1823) dated did not have any , listed, and marked that the resident was "appropriate" for ALF (Assisted Living Facility) residency. Subsequent assessments were not available for review for each of the significant changes that the resident had, including the onset of each of the five (5) or worse , and the resident's admission to hospice on . The Administrator was notified of these findings on at 2:30 PM, and stated that the documents requested would be emailed to this surveyor. The facility provided no additional	{A 010}		

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	AL11963720	A. BUILDING: _____ B. WING _____	R 10/28/2025

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{A 010}	Continued From page 14 information for review at the time of the survey, and no emailed documents were received as of . . This is an uncorrected deficiency from the survey conducted on . Class III	{A 010}		
{A 028}	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure assistance or supervision was provided as needed to prevent for 2 of 2 sampled residents (Residents #3 and #5). The findings included: 1. The facility's Clinical Protocol: policy and procedure was reviewed on , and instructed the facility to complete the following tasks after each to ensure the appropriate care and interventions were received: a. Med Tech or HWD (Health and Wellness Director) will complete a Resident Incident and Accident Report and document all care given in resident's progress note along with a list of individuals notified.	{A 028}		

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{A 028}	Continued From page 15 b. Place the resident on 72-hour follow-up charting... c. The HWD and ED (Executive Director/Administrator) will consult on proper follow-up related to: 1. Resident service plan changes. 2. Risk/Assessment and follow-up. 2. The facility's policy and procedure for Reportable Events directs the Administrator (Executive Director) and HWD to contact the Regional Director of Operations (RDO) "within 24 hours following any major injury to a resident. Major injuries include , , and hematomas". There was no evidence of their policy and procedure being followed for notification to the RDO, as there was no documentation of this for the following sustained by Resident #5. A. Review of the records for Resident #3 on revealed a health assessment (AHCA Form 1823) dated that noted the resident required assistance with toileting with a diagnosis of with short term memory loss (STML). The resident was noted as requiring "special precautions" with no assistive device documented. On at 12:00 PM, the resident was observed with a discolored (black) right . During interview with the resident's representative on at 1:15 PM, the representative stated that the resident was often found "soaked in ", indicating that the resident required more assistance with toileting. Review of the Incident Report completed for this resident's injury revealed the resident had an unwitnessed documented on at 8:30 AM when she was found on the floor in her room near the entrance. The report had missing information, including any	{A 028}		

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{A 028}	Continued From page 16 routine or PRN (as neeeded) medication taken in the four hours preceding the and if there had been any illnesses or new medications ordered in the last seven days. The "Action Taken" section does not note a "Care Plan Update" or "Assistive Device", and states that the action taken was "Resident Education". The "Summary and Interventions" section of the investigation has documented that the resident will be "encouraged to participate in activities-to keep her occupied. Staff will observe residents whereabouts frequently". The investigation into what lead up to the and appropriate interventions put in place to possibly prevent reoccurrence was not evident. "Educating the resident" would not be beneficial since the resident was . "Encourage activities" would not be appropriate at 8:30 AM since the activity schedule did not include activities at this time. "Observe whereabouts frequently" is not a measurable intervention, to show the staff were providing more supervision than what was already being done. The resident's "frequent " with "total assistance" required during scheduled toileting at 5:00 AM and 9:30 AM, according to the Individual Service Plan dated and the Care Plan dated , was not addressed in the investigation or revised if needed as part of the appropriate interventions to prevent for this resident. B. Review of the records for Resident #5 on revealed observation notes indicating the following: a. 10:33 AM unwitnessed , "denies hitting " with "right " b. 3:08 PM unwitnessed , "resident	{A 028}		

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{A 028}	Continued From page 17 informed he hit his . Med Tech felt a knot on his right upper forehead. Resident was laying on his right side and said he was in no , ...911 was called...when (emergency medical services) got resident off the floor resident wasn't complaining of , . He has few cuts on his right knuckles" c. 9:13 AM "Resident returned to facility via transportation by (hospital) on (Sunday) at 8:10 PM. was negative with XR. Residents diagnosis was with " d. 9:44 AM "When I called and spoke with the nurse, she stated resident was up walking with no problems. When I came in on Monday, I was notified from staff member resident was having hard time walking and was placed in wheelchair. I contacted HWD (Health and Wellness Director) and she ordered mobile , on resident. Today HWD received the report was told resident has a " The incident that resulted in a , for this resident was not reported to the Agency on an adverse report as required, and Incident Reports and a Care Plan were not available for review on when requested from the HWD and Administrator at 1:00 PM. The Administrator was notified of these findings on at 3:00 PM. The facility provided no additional information for review at the time of the survey. The Administrator was notified of these findings on at 2:30 PM, and stated that the documents requested would be emailed to this surveyor. The facility provided no additional information for review at the time of the survey, and no emailed documents were received as of .	{A 028}		

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{A 028}	Continued From page 18 This is an uncorrected deficiency from the survey conducted on . Class III	{A 028}		
{A 031}	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition	{A 031}		

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{A 031}	Continued From page 19 and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on record review and interviews, it was determined that the facility failed to coordinate care with a third party provider as required by	{A 031}		

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{A 031}	Continued From page 20 their policy and procedure, including documentation of communication about the resident's condition and response to treatment or services added to the plan of care, which may impact the resident's appropriateness for continued residency in the facility in relation to pressure injuries (PIs) for 1 out of 1 sampled residents (Resident #2). The findings included: On at 12:00 PM, a Home Health Agency/Registered Nurse (HHA/RN) stated Resident #2 had a pressure injury that was located on the left area and was currently a with as a possible date of onset, as this was the day he returned to the ALF from a Skilled Nursing Facility (SNF). There was no documentation of the staging and date of onset available for review at the facility at that time. The RN stated that communication of the status of the was completed by texting between the APRN and HWD, and acknowledged that an Ancillary Professionals' Communication Note had not been completed by the HHA nurses every time they provided care at the facility. On , the record for Resident #2 was reviewed and showed the resident's third party provider documentation on file did not include any Ancillary Professionals' Communication Notes. Review of the resident's electronic progress notes revealed no documentation of any . Another interview was conducted at 12:30 PM on with the HWD who stated the APRN reported that the for Resident #2 was a instead of a . There was no documentation available for review at this time to show the facility's monitoring of the 's	{A 031}		

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{A 031}	Continued From page 21 status. The facility's policy and procedure for Third Party Providers requires the HWD to coordinate with the outside agencies (HHA, hospice companies, psychiatrists, rehabiliation facilities, etc.) to meet specific service goals and to document this in the HWD notes. It also requires that the third party providers "keep careful progress notes while the resident is receiving services and will, at a minimum, leave a copy with the HWD upon the completion of services". The coordination of care with third parties requires that the facility document communications with the third party about the resident's condition and response to treatment or services, and that these communications occur at least every 30 days or whenever there is a significant change in the resident's condition. A resident requiring care of a pressure injury may be retained in an ALF provided that the significant change is documented in the resident's record; and, 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. A facility may retain an resident who no longer meets the criteria for continued residency if they are receiving hospice services with a plan of care that delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident. The Administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. During interview with the HWD on at 12:30 PM, she stated that the resident had a due to a "surgical ". The records pertaining to the resident's were requested	{A 031}		

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{A 031}	Continued From page 22 at this time. Hospice Visit Note Reports with the following documentation was provided and reviewed: a. 40% mainly in bed; unable to do most activity, mainly requires assistance; and, listed (4) are: 1. right , , not healing , 2. right ischium (lower , area), not healing , 3. left ischium, not healing , 4. , not healing , b. Skin and /injury treatments in place at this time: Turning/Repositioning Program and Management c. listed (5) 1. right , , not healing , 2. right ischium (lower , area), not healing , 3. left ischium, not healing , 4. , not healing , 5. , not healing , Resident #2 was receiving care by a third party provider (hospice) for pressure injuries that affected the resident's appropriateness for continued residency. During interview with the HWD and the hospice Nurse Practitioner (NP) at 3:15 PM on , they were asked for the expectations and any documentation for turning and repositioning and care for this resident to promote healing and possibly prevent	{A 031}		

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{A 031}	Continued From page 23 new , . The NP stated she would email documentation of this as she had "orders" to show this. An email was received on at 9:04 AM that included a Client Coordination Note Report showing the hospice company was marked with an "x" as providing " care" as of . There was no documentation of turning and repositioning or care scheduled, expected or provided for by the facility staff available for review. There was no documentation of communication between the hospice staff and the HWD to show the resident's condition and response to treatment or services, or weekly skin checks or audits completed by the HWD for this resident's . The Administrator was notified of these findings on at 2:30 PM, and stated that the documents requested would be emailed to this surveyor. The facility provided no additional information for review at the time of the survey, and no emailed documents were received as of . This is an uncorrected deficiency from the survey conducted on . Class III	{A 031}		
{A 032}	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	{A 032}		

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{A 032}	Continued From page 24 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. (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	{A 032}		

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{A 032}	Continued From page 25 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 observation, record review and interviews, the facility failed to ensure 3 of 3 sampled residents (Resident #1, #3 and #4) who are at risk for elopement had identification on their person checked once daily as part of their elopement prevention policy and procedure. The findings included: A. On at 10:30 AM and again on at 12:00 PM, Resident #1 was observed in the secured unit without an identification (ID) bracelet on him. At this time, the Health and Wellness Director (HWD) stated that the resident carried a wallet with him for his required identification for residents at risk for elopement, but that this resident was no longer at risk. When asked for a new health assessment (AHCA Form 1823) indicating the resident was no longer at risk for elopement, the HWD stated that she would get one from the nurse practitioner. The assessment dated notes that the resident is at risk for elopement, marked by a "yes" to the inquiry for the health care provider	{A 032}		

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{A 032}	Continued From page 26 who signed the assessment. B. On at 12:00 PM, Resident #3 was observed in the secured unit without an identification (ID) bracelet on her. The HWD stated during interview at this time that the resident was new to the facility, admitted a week prior to this date, and was at risk for elopement. The resident's health assessment dated notes that the resident is at risk for elopement, marked by a "yes" to the inquiry for the health care provider who signed the assessment. C. On at 12:00 PM, Resident #4 was observed in the secured unit without an identification (ID) bracelet on her. This resident was not identified as at risk for elopement during interview with the HWD at this time. The resident's health assessment dated notes that the resident is at risk for elopement, marked by a "yes" to the inquiry for the health care provider who signed the assessment. During interview with the Administrator at 12:15 PM on , she stated that she was not able to find the ID bracelets used for most residents for their required elopement risk identification. The Administrator, Memory Care Director (MCD) and HWD were asked for any documentation of the required minimum daily checks for the residents' identification at this time. There was no documentation to show the facility was checking the residents daily to ensure the ID was on them. This is an uncorrected deficiency from the survey conducted on . Class III	{A 032}		

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A 164	Continued From page 27	A 164		
A 164	59A-36.015(4) FAC; 429.35(1) & (3) FS Records - Inspection Availability 59A-36.015 (4) RECORD INSPECTION. (a) The resident's records must be available to the resident; the resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law. (b) Pursuant to Section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report. 429.35 Maintenance of records; reports.- (1) Every facility shall maintain, as public information available for public inspection under such conditions as the agency shall prescribe, records containing copies of all inspection reports pertaining to the facility that have been issued by the agency to the facility. Copies of inspection reports shall be retained in the records for 5 years from the date the reports are filed or issued. (3) Every facility shall post a copy of the last inspection report of the agency for that facility in a prominent location within the facility so as to be accessible to all residents and to the public. Upon request, the facility shall also provide a copy of the report to any resident of the facility or to an applicant for admission to the facility.	A 164		

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	AL11963720	A. BUILDING: _____ B. WING _____	R 10/28/2025

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

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A 164	Continued From page 28 This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to post a copy of the last inspection report from the Agency in a prominent location within the facility so as to be accessible to all residents and to the public. The findings included: During tour of the front lobby, the previous survey for the facility was requested during interview with the front receptionist and Wellness Director at 11:00 AM on . There was no inspection report located at this time. The Administrator was notified of this finding at 3:00 PM on . The facility provided no additional information for review at this time. Class	A 164		

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{CZ821}	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 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.	{CZ821}		

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{CZ821}	Continued From page 1 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. 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	{CZ821}		

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{CZ821}	Continued From page 2 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: http://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. 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	{CZ821}		

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{CZ821}	Continued From page 3 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 interviews, the facility failed to ensure an adverse incident report was filed electronically for 1 of 1 sampled residents (Resident #5) who sustained a due to an event over which facility personnel could exercise control rather than as a result of the resident's condition, and required the transfer of the resident from the facility to a unit providing more acute care. The findings included: Review of the record for Resident #5 on revealed observation notes indicating the following: a. 10:33 AM unwitnessed , "denies hitting " with "right . " b. 3:08 PM unwitnessed , "resident informed he hit his . Med Tech felt a knot on his right upper forehead. Resident was laying on his right side and said he was in no , ...911 was called...when (emergency medical services) got resident off the floor resident wasn't complaining of , . He has few cuts on his right knuckles" c. 9:13 AM "Resident returned to	{CZ821}		

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{CZ821}	Continued From page 4 facility via transportation by (hospital) on (Sunday) at 8:10 PM. was negative with XR. Residents diagnosis was with " d. 9:44 AM "When I called and spoke with the nurse, she stated resident was up walking with no problems. When I came in on Monday, I was notified from staff member resident was having hard time walking and was placed in wheelchair. I contacted HWD (Health and Wellness Director) and she ordered mobile on resident. Today HWD received the report was told resident has a " The incident that resulted in a for this resident was not reported to the Agency on an adverse report as required. The Administrator was notified of these findings on at 3:00 PM. The facility provided no additional information for review at the time of the survey. This is an uncorrected deficiency from the survey conducted on .	{CZ821}		