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 _____	02/19/2026

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Complaint (2025017292, 2026000507 & 2026002339) survey was conducted on , , at Sodalis Vero Beach. The facility had deficiencies related to complaint 2026002339 identified at the time of the visit.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a resident with , who sustained an injury from a was medically assessed in a timely manner with notification to the resident's representative for 1 of 3 sampled residents (Resident #1). Cross reference A 0034 for additional information. The findings included: Resident #1 was admitted to the Assisted Living Facility (ALF) Memory Care Unit (MCU) on . Review of the resident's Care Plan	A 025		

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A 025	Continued From page 2 dated notes that the resident has diagnoses including , paranoia, , and a prior left , . The plan also indicates that the resident requires assistance with her wheelchair, personal hygiene, bathing and transfers and that she uses assistive devices including , glasses, a wheelchair, a walker and a shower bench. The resident's health assessment (AHCA Form 1823) dated notes " precautions" under the sections for limitations, requirements and special precautions. The assessment also documents that the resident requires assistance with ambulation, bathing and self-care as well as supervision with transferring. On at 10:00 AM, it was reported investigation documentation that Resident #1 when transferring into a shower chair while being assisted by Staff A. The incident report completed by the facility noted that the resident's representative was called at 10:05 AM and that a "voicemail was left". Resident #1's representative stated during interview on at 2:04 PM that the facility did not notify him of the incident when it occurred and that he found out at 12:59 PM on from a friend who visited the facility. He then called the facility and was notified at 1:18 PM of the . Review of the resident's record revealed an order dated for a and , to be conducted by a mobile , company. There was no "STAT" documented on the order to have the diagnostic test done sooner. Review of the facility's iinvestigation documents revealed that at 5:00 PM the mobile , company had not arrived yet to complete the , and a decision	A 025		

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A 025	Continued From page 3 was made with the resident's representative to send the resident out of the facility to the local hospital's emergency room. After an initial assessment by the local hospital, the resident was transferred to another hospital. The Discharge Summary from the second hospital dated notes that the resident "presented with " and that imaging showed "right 10th and trace , ". The resident was discharged on this date with a new diagnosis of a ( ). During interview with the Memory Care Unit (MCU) Director on at 2:15 PM, she stated that she had not left a voicemail for the resident's representative when first attempting to call at the time of the incident, and that there was no call log or record to show there was an attempt to reach the representative prior to the 1:18 PM communication about the incident. The Administrator was notified of these findings on at 3:00 PM. The facility provided no additional information for review at this time. Class II	A 025		
A 034	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device.	A 034		

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A 034	Continued From page 4 (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure assistive devices were maintained and repaired as needed to ensure the safe use for 1 of 3 sampled residents (Resident #1). The findings included: Resident #1 was admitted to the Assisted Living Facility (ALF) Memory Care Unit (MCU) on . Review of the resident's Care Plan dated notes that the resident has diagnoses including , paranoia, , and a prior left , . The plan also indicates that the resident requires assistance with her wheelchair, personal hygiene, bathing and transfers and that she uses assistive devices including , glasses, a wheelchair, a walker and a shower bench. The resident's health assessment (AHCA Form 1823) dated notes " precautions" under the sections for limitations, requirements and special precautions. The assessment also documents that the resident requires assistance with ambulation, bathing and self-care as well as supervision with transferring.	A 034		

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A 034	Continued From page 5 On at 10:00 AM, it was reported on the facility investigation documents that Resident #1 when transferring into a shower chair while being assisted by Staff A. The incident report completed by the facility determined that the shower chair used for this transfer was in need of repair as the "chair gave in and caused the chair to collapse and the resident to ". During interview with Staff A on at 12:30 PM, she demonstrated the instability of the shower chair used by the resident that was reportedly in need of repair. She sat on the chair and moved her body side to side to show the chair's wobbling . Observation of the four (4) on the chair at this time confirmed that the appeared loosely connected to the bottom side base of the chair seat. The Health and Wellness Director (HWD) who was present stated that the chair was going to be discarded, and was Resident #1's neighbor's chair. Resident #1 shared a bathroom with another resident whose chair was used. An observation of Resident #1's chair that was supposed to be used revealed it was stable and had arm rests on both sides of the seat for additional stability when transferring. The chair that was used did not have arm rests. Resident #1's representative stated during interview on at 2:04 PM that the facility did not notify him of the incident when it occurred and that he found out at 12:59 PM on from a friend who visited the facility. He then called the facility and was notified at 1:18 PM of the . Review of the resident's record revealed an order dated for a and to be conducted by a mobile company.	A 034		

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A 034	Continued From page 6 There was no "STAT" documented on the order to have the diagnostic test done sooner. Review of the facility's incident report revealed that at 5:00 PM the mobile , company had not arrived yet to complete the , and a decision was made with the resident's representative to send the resident out of the facility to the local hospital's emergency room. After an initial assessment by the local hospital, the resident was transferred to another hospital. The Discharge Summary from the second hospital dated notes that the resident "presented with " and that imaging showed "right 10th and trace , ". The resident was discharged on this date with a new diagnosis of a , ( ). A , , , daily treatment note dated documents that the resident received "functional transfer training for improved safety with cues for...improved eccentric control with return to sitting and improved alignment with surface prior to transition. Inconsistent carryover demonstrated requiring additional training. Patient ( ) performed toilet transfers, bed to wheelchair (w/c), chair to chair, decreased safety throughout". Review of the facility's Assisted Device Policy shows the facility "will have 3rd party providers perform safety checks on walkers and wheelchairs bi-annually or as needed". It indicates that the facility will have a screening upon admission and initial documentation of assisted devices upon admission and quarterly, when there is a change in condition, or at the time a 30 day evaluation occurs. It notes that the screening includes observation of use of the device for any safety concerns. The policy also documents that "staff are educated to look for	A 034		

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A 034	Continued From page 7 hazards, identify devices that are not in good repair". The policy does not include shower benches or chairs. During interview with the Administrator and Health and Wellness Director on at 2:00 PM, they acknowledged that the facility did not have a policy and procedure that was followed to ensure shower benches or chairs were checked for safety during useage and for needed repairs. Therefore, the policy did not contain requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device regarding shower chairs or benches. The Administrator was notified of these findings on at 3:00 PM. The facility provided no additional information for review at this time. Class II	A 034		