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
	AL11964863	A. BUILDING: _____ B. WING _____	R 07/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIBISCUS COURT	540 EAST HIBISCUS BLVD. MELBOURNE, FL 32901

(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 A revisit to Complaint Investigation #2019017355 was conducted on [redacted]. Hibiscus Court had an uncorrected deficiency at the time of the visit.	{A 000}		
{A 025} SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted]. 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 shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.	{A 025}		

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{A 025}	Continued From page 1 (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: DEFICENCY REMAINED UNCORRECTED Based on record reviews and interviews, the facility failed to provide adequate supervision and interventions when 1 of 11 sampled residents (#1) experienced multiple with injuries. Findings: Resident #1's record revealed a facility admission date of . An 1823 health assessment form, dated , indicated that she had , memory limitations and was a risk. An 1823, dated , indicated that she was a risk, did not know her limitations and was weak. A facility note, dated , indicated that she was observed lying on the floor next to her bed. A health care provider's order, dated , prescribed , , . A facility note, dated , indicated that she	{A 025}		

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{A 025}	Continued From page 2 was found lying on her on the floor in between the dresser and nightstand in her room. She was sent to the hospital. A nurse observation note, dated , indicated that physical and , evaluations were requested from the health care provider. A facility note, dated , indicated that she was lying in the elevator and said she lost her balance. A facility facsimile, dated , indicated that she out of her chair in the dining room. A facility note, dated , indicated that she was observed on her in the hallway. She sustained an on her and redness on her right cheek. A evaluation order was requested from the health care provider. A facility note, dated , indicated that she was found on the bathroom floor with an open area and on the of her . She was sent to the hospital. A facility note, dated , indicated that staff observed her using a walker inappropriately when she . She complained of right . A facility facsimile, dated , indicated that staff witnessed her drop something out of her purse and when she bent down to pick it up, she lost her balance and . A facility note, dated , indicated that staff saw her walk out of her room with on her and . She had a on her . There was on the bathroom towel	{A 025}		

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{A 025}	Continued From page 3	{A 025}		

rack. She was sent to the hospital. A hospital discharge note, dated , indicated that she had a minor closed injury, concussion and to the . A facility note, dated , indicated that she returned from the hospital with staples in her .

A facility note, dated , indicated that a staff member heard the resident in her bathroom. She sustained redness on the of her .

A facility note, dated , indicated that she was running and into a dresser in another resident's room. She struck her , and both on the dresser. She was unable to bear on either and complained of a . She was sent to the hospital. A facility note, dated , indicated that she returned from the hospital with a right immobilizer due to an , report of suspicion for non-displaced .

A facility note, dated , indicated that she was observed lying on the floor of her room.

A facility note, dated , indicated that she two times, once at 5 p.m. and again at 6 p.m.

A facility note, dated , indicated that she in the hallway.

A facility note, dated , indicated that she was found sitting on her bathroom floor. She had a and cut on the left , area of her .

A facility note, dated , indicated that she was observed sitting on the floor next to her bed.

A facility note, dated , indicated that staff

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{A 025}	Continued From page 4 saw her stand up from a wheelchair then backwards. She struck her on an air conditioning vent and sustained rug on both and left . A facility note, dated , indicated that she was seen lying on her in the middle of her room. She had a on the of her , and she complained of a . She was sent to the hospital. A hospital emergency room note, dated , indicated that she had a closed injury, , left hematoma and a superficial , . Resident #1 experienced 18 since her admission to the facility, 8 of which resulted in injuries or , . Besides requests for , , evaluations, the resident's record did not contain documentation to indicate the facility implemented any additional interventions to prevent or decrease the resident's risk for . At 2:30 p.m. on , both the administrator and director of nursing confirmed the findings and were unable to provide additional documentation. Class II	{A 025}		