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 _____	10/17/2022

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
CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

AHCA Form 3020-0001

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

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CZ830	Continued From page 1 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 but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on review of the facility's comprehensive emergency management plan (CEMP) and interview, the facility failed to submit its plan annually to its local emergency management agency. Findings: Review of the facility's CEMP and its emergency management agency's approval letter revealed the plan was last approved on ..... On ..... at 1:20 PM, the administrator provided a letter that was dated ..... and addressed to Brevard County emergency management that indicated the facility's CEMP was attached for review. The administrator said that was the last time the facility submitted the plan for review. Class III	CZ830		
A 000	Initial Comments Complaint Investigation #2022011498 was conducted on ..... Hibiscus Court had deficiencies at the time of the survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician	A 025		

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A 025	Continued From page 3 when a resident exhibits signs of [illegible] or [illegible] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [illegible] or [illegible]. 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 [illegible] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's	A 025		

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A 025	Continued From page 4 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 observations, record reviews and interviews, the facility failed to provide adequate supervision and provide care and services appropriate to meet the needs of residents by failing to ensure safety through proactive measures to minimize the potential for and injuries for 2 of 7 sampled residents (#3 & #4). Findings: 1. Resident #3's record revealed a facility admission date of . An 1823 health assessment form, dated , indicated the resident had of the , was disoriented, forgetful and required precautions. An 1823, dated , indicated the resident had an unsteady gait and required precautions. Documentation in the resident's record indicated that on the resident and sustained and on her left forehead and an on her left . On at 1 PM, the resident was observed	A 025		

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A 025	Continued From page 5 sitting on the floor. On , the resident was observed on the floor by her bed. On at 7 PM, the resident . On , the resident . On at 9:35 PM, the resident was observed on the floor by the dining room. She sustained and over her left . On at 8:10 AM, the resident and sustained on her bottom , and an on her left . On at 7:20 AM, the resident in a doorway. Redness was noted on her left and upper arm. Resident #3's record did not contain documentation to indicate the facility implemented any proactive measures to minimize the resident's potential for . On at 4:15 PM, caregiver D said, "We just pray for the best because she's gonna do what she wants." She said she also sits with resident #3. During the interview, resident #3 was observed standing without her walker at the end of the hallway. A staff member approached her and walked with her to the dining room. 2. Resident #4's record revealed a facility admission date of . An 1823, dated , indicated the resident's diagnoses were , , , , and .	A 025		

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A 025	Continued From page 6 Documentation in the resident's record indicated that on at 11:30 AM, the resident slid out of bed. On ....., the resident was observed sitting on the ground in the mulch on the garden patio. On at 6 PM, the resident was seen on the ground in the garden patio. A ..... health care provider's note indicated the resident was more unsteady on her and had a series of ... On ..... at 11 PM, the resident was observed on the ground in the courtyard. On at 8:07 AM, the resident was observed sitting on the floor. She sustained a large on her left forehead. She was sent to the hospital and returned to the facility at 3:30 PM with on her left forehead. Resident #4's record did not contain documentation to indicate the facility implemented any proactive measures to minimize the resident's potential for ... prior to ..... On ..... at 10:46 AM, caregiver A said that resident #3 used a walker to ambulate and oftentimes stood and walked without it and without staff's help. The caregiver said to prevent the resident from falling, she placed the resident in the common area and stayed in that area herself to monitor the resident. The resident was seen sitting in a straight chair with a walker in front of her in the memory care unit's common area. An attempt to interview her was unsuccessful due to her level of ...	A 025		

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A 025	Continued From page 7 On at 10:54 AM, caregiver B said to prevent residents from falling she reminded them to use their walker, walked with them, toileted them, and assisted them to the dining room. She said , , , , was sometimes ordered. She said when she noticed a decline in a resident's abilities, she informed the nurse. On at 3:40 PM, the administrator said there was no other documentation of interventions for both residents #3 & #4. On at 4:10 PM, caregiver C said to prevent both residents #3 & #4 from falling, she kept a close , on them, distracted them with activities and placed resident #4 next to the medication cart while she passed medications. On at 4:15 PM, caregiver D said to prevent resident #4 from falling, she kept the resident seated and if the resident went outside, she went out with her. Class II	A 025		