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 _____	02/10/2023

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

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A 000	Initial Comments A complaint survey #2022015720 was conducted on [redacted] and [redacted] at Hibiscus Court Assisted Living Facility. A Deficiency was identified at the time of the survey.	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [redacted], Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- [redacted] or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 4	A 030		

telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without . . . . , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to honor resident rights by not providing a decent living environment free of outbreaks of [illegible] for 7 of 7 residents sampled (# 1, 3, 11 ,12, 13, 14 & 17). Findings: On a review of the Group Care Inspection Report completed on revealed unsatisfactory results. The inspection contained	A 030		

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A 030	Continued From page 6 documentation as follows: Violations marked included maintenance, infestation, and other. Residents in the memory care unit were treated for in and 3 staff were treated at that time. An outbreak of any is reportable. Report promptly going forward. 1. Resident #1 record review revealed she was admitted on . She was under Hospice care. Her record contained a Resident Health Assessment Form (1823) dated . Her diagnoses included of the , , and . She had an unsteady gait. She was and disoriented. She required assistance with ambulation, transferring, toileting, grooming and bathing. Her record contained a physician's order for , 5% cream to be applied to skin from the to the soles of dated . Treatment was documented on 11/4/22 and . 2. A review of resident #3 record revealed a physicians order for , 5% cream , from to the soles of weekly x2 written on the Medication Observation Record (MOR). Her record contained a note dated . She was seen for "itching". The location was "abdomen". 5% cream ordered. 3. A review of resident #11 record revealed a physician's order for , 5% cream , apply from to the soles of	A 030		

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A 030	Continued From page 7 weekly x 2. The order was dated . 4. A review of resident #12 record revealed a physician's order for , 5% cream , , from to the soles of weekly x 2. The order was dated . 5. A review of resident #13 record revealed a physician's order for , 5% cream , from to the soles of weekly x 2 written on the MOR. 6. A review of resident #14 record revealed a physician's order for , 5% cream , , from to the soles of weekly x 2. The order was dated . 7. A review of resident #17 record revealed there was a physician's order for , 5% cream , from to the soles of written on the MOR. On at 10:20am an interview was conducted with the Executive Director (ED). When asked about an outbreak of a , she said 2 staff members filed for workers comp due to in . There were residents in the memory care unit who were treated , , , . On at 10:30am an interview with Staff B was conducted. She said All of the residents in the memory care unit were itchy in . She said she and other staff started to itch, and they noticed they had a red on their and arms. She said her children, stepson, and his mother started itching. They were all treated for at the end of and the symptoms resolved. She said she floated to all 3 floors and interacted with all residents. She said	A 030		

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A 030	Continued From page 8 all the residents in the memory care unit were treated for twice and their symptoms resolved. This happened at the end of . . . . . and beginning of . The outbreak lasted about a month or more. She said she did not receive any training regarding outbreaks or the facility policies regarding outbreaks or . She said she was really upset at the time because of the facilities lack of timely intervention. She did file for workers comp so she could get herself and family better. On . . . . . at 10:30am an interview was conducted with staff C. She said she was treated for . . . . . due to . . and itching at the beginning of . Every resident in the memory care unit was treated and they all got better. She said she worked with all the residents in the building and floated to all 3 floors. On . . . . . an interview was conducted with the ED. She said no doctor diagnosed any of the residents with . . . . . They did not order any lab tests because most of the residents were hospice at the end of life. Only memory care residents were treated. She said the facility did not do an outbreak timeline, so she was unable to pinpoint when and with whom the outbreak started or how long it lasted. She confirmed she did not have documentation of POA/family notification for all residents treated. The stated the only resident #3 was seen by a Dermatologist. She confirmed she could not provide a policy regarding outbreaks. Review of the facility census dated revealed there were 16 residents residing in the memory care unit.	A 030		

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A 030	Continued From page 9 Class III	A 030		