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 02/10/2023

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 Revisit to Complaint Investigation #2022011498 was conducted from 2/09-10/2023. One deficiency was recited 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 shall notify a licensed physician 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.	{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 025}		

(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:
DEFICIENCY REMAINS UNCORRECTED

Based on 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 4 residents sampled (#5 & 6).

Findings:

1. Resident #5's record revealed she was admitted on . She resided in the secure memory care unit. Her record contained a Resident Health Assessment form (1823), dated

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{A 025}	Continued From page 2 . Her diagnoses included , , , memory , , and unsteady gait. She required supervision for eating and assistance with ambulation, transfer, toileting, grooming, and bathing. Facility notes revealed the following: On , the resident was found sitting on the floor. No injury was noted. On , the resident was found on the floor with a minor to her . On , the resident was found on the floor in her room. She was transferred to the hospital where she was diagnosed with a and . Resident #5's record did not contain any care plan indicating proactive measures were put in place to minimize the potential for and injuries. 2. Resident #6's record revealed she was admitted on . Her record contained an 1823, dated . Her diagnoses included , carotid , , , and right . She was independent with eating. She required assistance with ambulation, transfer, toileting, grooming, and bathing. Facility notes revealed the following: On - "Reported at 1 PM the resident out of bed early in the morning. Transferred to ER (emergency room)." On , "Resident found lying on the floor on her near her bed. Her daughter called 911 the next day due to , and to left ankle and . Resident returned the same day with an ankle brace."	{A 025}		

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{A 025}	Continued From page 3 On , the resident was found sitting on the floor in her room. On , the resident was found sitting on the floor in her room. On , the resident was found on the floor in her room. On , the resident was observed on the floor. On , resident #6 had a on . She was taken to urgent care by her daughter on where she was diagnosed with a and . On , the resident was observed lying on the floor in her room. Resident #6's record did not contain any care plan indicating proactive measures were put in place to minimize the potential for and injuries. On at 9:50 AM, the incoming Executive Director stated she transferred to the facility on . She confirmed she could not produce any care or service plans for any resident. She said the community was not doing them as they should. Class II	{A 025}		