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 _____	03/08/2023

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 investigation #2022017702 and #2023002723 was conducted on . . . . . at Hibuscus Court Assisted Living Facility. Deficiencies were 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; , 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- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1 and the text must be a minimum of 14-point font. (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. [illegible] and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and [illegible]; 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 [illegible]. (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	A 030		

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A 030	Continued From page 2 residents reside. 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	A 030		

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A 030	Continued From page 3 provided in s. 429.27. (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	A 030		

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A 030	Continued From page 4 relocation and must include the statewide toll-free 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	A 030		

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A 030	Continued From page 5 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , 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 , or , 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 interview and record review the facility failed to provide a safe and decent living environment for 2 of 3 residents sampled (#1 and 3). Findings: 1. On a record review for resident #1 revealed she was admitted on at 2pm. Her record contained a Resident Health	A 030		

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A 030	Continued From page 6 Assessment form (1823) dated .Her diagnoses included 's, , , and right heel . She required assistance with her activities of daily living. A review of the facility notes revealed the following: On at 9:40pm "looked like" resident slid herself from her wheelchair to the floor. She sustained an to her right . At 10:10pm the resident complained of right . On at 10am the resident complained of right . She refused to go to the hospital. At 1pm the nurse called 911 to transfer the resident to the hospital for an evaluation. On at 7:30pm the resident's daughter notified the facility the resident had a right . On resident #1 returned to the facility. The discharge/transfer records contained a physician's care order for honey daily and as needed to right heel. The residents record did not contain documentation of an evaluation of upon readmission. It did not contain documentation of care for , , , , , or . On the physician ordered a consultation with the care nurse for right heel STAT. On care was documented by a third party.	A 030		

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A 030	Continued From page 7 On the resident was seen by her physician. He ordered to send her to the hospital for a worsening right heel and . Resident remained out of the facility at the time of the visit. On at 3pm during an interview with the Nurse Consultant, she said resident #1 returned from rehabilitation on with a right heel . She confirmed she could not provide documentation of a resident skin evaluation on admission or documentation of care for resident #1 from through . Resident was seen by her physician on and he ordered a care evaluation STAT. 2. A record review for resident #3 revealed she was admitted on and on . Her record contained a Resident Health Assessment form (1823) dated . Her diagnoses included , forgetful, , , , and unsteady gait. She required supervision for ambulation, eating, transferring and assistance with bathing, , grooming, and toileting. She was under Hospice care. A review of the facility notes revealed the following: On at 1pm resident was seen by her physician. He ordered of her , and stat due to a which occurred on . Hospice and resident's son were notified. On on shift (no time indicated) the , reports were positive for left , and right big . Physician, Hospice,	A 030		

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A 030	Continued From page 8 and residents son were notified. On [redacted] at 3pm the nurse consultant confirmed resident #3 sustained a [redacted] on [redacted]. The [redacted] was not documented in the residents record. Resident #3 remained in the facility under hospice care until passing away on [redacted]. Class III	A 030		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [redacted] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.	A 054		

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A 054	Continued From page 9 (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to ensure the Medication Observation Record (MOR) was complete and did not contain omissions for 7 of 7 residents sampled. (#1, 4, 7, 8, 9, 10, 11) Findings: On a review of Medication Observation Records (MOR) for memory care residents revealed: 1. Resident #1 record contained a physician's care order for honey daily and as needed to right heel. The MOR revealed it did not contain documentation of care for , , , , or . On at 3pm during an interview with the Nurse Consultant, she said resident #1 returned from rehabilitation on with a right heel . She confirmed she could not provide documentation of a resident skin evaluation on admission or documentation of care for resident #1 from through . Resident was seen by her physician on and he ordered a care evaluation STAT. 2. Resident #8 had an order for 25mcg daily at 6am. The MOR revealed omissions on , 2, 3, and 4 indicating medication was not given. There was no	A 054		

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A 054	Continued From page 10 documentation of why medication was not given. 3. Resident #9 had an order for . . . . , . . 5mg daily at 3pm. The MOR revealed omissions on . . , 5, 6, and 7. There was no documentation of why medication was not given. 4. Resident #4 had an order for , 25mcg at 6am daily. The MOR revealed omissions (circled initials) indicating medication was not given on . . . , 2, 3, and 4. There was documentation on the . . of the MOR which said "not in cart." Interview on . . . . at 3:40pm Staff E confirmed findings of the MOR review. A review of Medication Observation Records (MOR) for second floor residents revealed the following: 5. Resident #7 had an order for . . D3 1000u daily at 9am. The MOR revealed omissions (circled initials) indicating the medication was not given on , 2, 5, 7, and 8. There was documentation on the . . . of the MOR for and 8 which said the medication was not in the cart. 6. Resident #11 had an order for . , . . . 100mg daily at 9am. The MOR revealed Omissions (circled initials) indicating the medication was not administered on or 8. She also had an order for . . , . . . , . . 75mg daily at 9am. The MOR contained omissions (circled initial) on . . . . and 8. Documentation on the of the MOR said medications were "not in cart".	A 054		

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A 054	Continued From page 11 Interview on [redacted] at 3:30pm Staff G confirmed findings of MOR review. A review of Medication Observation Records (MOR) for third floor residents revealed: 7. Resident #10 had an order for Tradjenta 5mg daily at 9am. The MOR revealed omissions (circled initials) indicating the medication was not given on [redacted], 3, 4, 5, 6, 7, and 8. Documentation on the MOR dated [redacted], 3, 4, and 8 said "waiting on order". At 3:55pm Staff F confirmed the MOR indicated the medication was not given. She verified the medication was available in the medication cart. On [redacted] at 4:35pm an interview with the nurse consultant was conducted. She said the facility is going to start using electronic MOR's on [redacted]. She said this should reduce documentation errors. Class III	A 054		