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 |
|---|---|---|---|
| | AL11968878 | A. BUILDING: _____ B. WING _____ | 04/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HIBISCUS PALACE | 1755 14TH AVE N LAKE WORTH, FL 33460 |

| (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<br><br>An unannounced Relicensure, Complaint (#2023003850) and Generator Monitoring survey was conducted on at Hibiscus Palace. The facility had deficiencies identified related to the Relicensure at the time of the survey. | A 000 | | |
| A 161 | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable:<br>1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C.,<br>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,<br>3. Documentation of compliance with level 2 background screening for all staff subject to | A 161 | | |

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| A 161 | Continued From page 1<br><br>screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C.,<br>4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C.,<br>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.<br>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C.<br>(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, the Administrator failed to ensure each person working in the Assisted Living Facility (ALF) who have direct contact with and provide direct resident care and services, have the training and qualification to do so for 1 of 5 staff members reviewed specially (Staff D).<br><br>The findings included:<br><br>An employee record review was attempted for Staff D. Staff D did not have an employee personnel record available for review. There was no dated application for employment or references on file. During and interview on | A 161 | | |

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| A 161 | Continued From page 2<br>. . . . . at approximately 10:10 AM with Staff D revealed she's a friend and works at one of the Administrator's other facilities, she's core trained and visits this facility regularly assisting with paperwork. She further stated she's not on the background roster at this facility nor does she have a personnel file at this location. Staff D provided a staffing schedule and Staff D was not listed on the staffing schedule. Therefore, the facility was unable to provide documentation indicating Staff D had adequate training to perform his or her duties.<br><br>During an additional interview on at 3:30 PM with Staff D, she acknowledged the findings and provided no additional documentation for review.<br><br>Class III | A 161 | | |