STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964863	**11/15/2016**
NAME OF PROVIDER OR SUPPLIER **HIBISCUS COURT**	STREET ADDRESS, CITY, STATE, ZIP CODE **540 EAST HIBISCUS BLVD. MELBOURNE, FL 32901**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A re-licensure survey was conducted on 11/15/2016 at Hibiscus Court (license #9309). Hibiscus Court had deficiencies at the time of the visit.

0025 Resident Care - Supervision

Based on the observation, record review and interview the facility failed to ensure a resident received care and services that were ordered by a physician for 1 of 6 sampled resident (#3).

Findings:

During the tour of the facility on 11/ at 10:30 AM an machine was observed in resident #3's .

Interview on / at 11 AM with resident #3 who stated he does not need or do not use his machine.

Resident #3's record review revealed a nurse's verbal written physician order dated / & verified documented in the resident's observation notes that 2.5 mg/ml inhaler solution every 4 hours PRN for to be given. Further record review revealed observation notes dated / documented that resident #3 refused the treatment, and on / documented that discussion/education was completed with resident #3 and it was agreed that resident #3 did not want to do the treatment during the daytime hours but will cooperate at nighttime.

Interview on / at 5 PM with the Wellness Director who confirmed that she could not find any documentation that the facility was monitoring the resident ' s compliance with the order for the . Also, there was no documentation of the resident's condition when he did not accept the . There was no communication with the physician in reference to the resident not following the order for .

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview, the facility failed to ensure direct care staff had a minimum of 1-hour in staff in-service training within 30 days of employment for 1 of 5 sampled staff (B).

Findings:

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Staff B's personnel record review revealed there was no documentation staff B receiving the following in-service training within thirty days of hire
(6/17/2016):

1. control, including universal precautions
2. safe food handling practices

An interview on / at 4 PM with the administrator who confirmed that she was not aware the above trainings were not completed.

Class

0082 Training - / /

Based on personnel record review and interview, the facility failed to ensure that direct care staff had one-time education / (/) training was completed within 30 days of employment for 1 of 5 sampled staff (B).

Findings:

Staff B's personnel record review revealed no documentation the one-time / training. Date of hire: .

An interview on 11/ at 4 PM with the administrator who confirmed that she was not aware that this training was missing.

Class

0163 Records - Resident. Penalties for Alteration

Based on record review and interview, the facility submitted a 15 Day Report for an Adverse Event that contained false information regarding the corrective action taken after an elopement for 1 or 2 residents reviewed (#11).
Findings:
Incident report for resident #11 revealed that on , the resident wandered away from the facility. Report stated, " the resident was found walking down by hospital. Res said she but she was OK. No apparent injury at this time. Family and Dr. was notified. "

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Investigation Report dated 9/9/16 stated, " 2 women brought resident to facility (7p) in their truck. They had seen her walking by the hospital. Resident did not have walker. Home Health Care manager here today to see resident, Recurring since return from rehab. ID bracelet will be ordered. "
AHCA Day 15 Adverse Incident report, in the Corrective Action taken section submitted on / , stated, " The resident is now taken to the memory care unit during the day (7am-7pm) and an alarm is being activated on her apartment at night (7pm-7am). "
A review of the Adverse incident report for the elopement of Resident #11 revealed that the Day 15 report submitted on / for that incident contained the exact same wording for the corrective action as the wording on the Day report for the incident on .
In an interview with the administrator on / at 4:25 pm, she stated the information contained in the Day 15 AHCA report for the elopement is not correct. She reported to the corporate Risk Manager about each incident and he filed the reports. The Day 15 report for the elopement on was incorrect and did not reflect what they did as a corrective action plan.
In a phone interview with the corporate Risk Manager on / at 1:20 PM, he stated that the facility administrator filed the Day 1 report after the incident of / . The administrator called him / and informed him, for the first time, of the elopement of resident #11 as well as the new elopement on . He said the administrator had done the Day 1 report herself for . On he was told about the 1st event and at that time submitted a late Day 15 report that represented the corrective plan of action as of that day, and in light of the 2nd elopement for this same resident. He then submitted the Day 1 for the elopement and on 11/ , submitted the Day 15 report using the same corrective plan of action as he did for Day 15 on the first occurrence. He confirmed he should not have submitted the same plan for each elopement. "
Class III

Z814 Background Screening Clearinghouse

Based on Agency Clearinghouse Website Review and Interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 1 of 5 sampled staff employees (B)

Findings:

Review of the Agency's Background Screening website for 5 sampled staff revealed that Staff B was not on the clearinghouse roster for the facility.

In an interview with the administrator on / / at 4:00 PM, she confirmed the employee was not on the roster.

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Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Hibiscus Court
540 East Hibiscus Blvd.
Melbourne, FL 32901

RE: Re-licensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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