STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964863	**01/03/2017**
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 complaint investigation (CCR #201613721) was conducted at Hibiscus Court (license #9309) on 01/03/2017. There was a deficiency found at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that all centrally stored medications were locked and secured at all times.
Findings:
During a tour of the memory care unit with the Resident Care Director (RCD), a medication cart was observed at the end of the resident hallway. It was situated in the middle of the hall and was not attended at the time. The cart was unlocked. Residents were walking around the area, as well as other staff members.
On 1/ at 12:30 PM, the RCD was asked who was working with the med cart, she responded with the name of one of the med techs. The surveyor pointed out that the cart was unlocked. The RCD locked the cart and went to the staff member responsible and told her about the unlocked cart. The Med Tech was in the kitchen area of the unit and not dispensing medications at the time. The RCD did not offer an excuse or explanation as to why the cart was unlocked and unattended.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

RE: CCR #2016013721

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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 , 2017.** 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 (407) 420-2502.

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Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure