STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964863	10/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIBISCUS COURT	**540 EAST HIBISCUS BLVD. MELBOURNE, FL 32901**

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Hibiscus Court Assisted Living Facility, License #9309 had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to obtain an accurate and complete AHCA form 1823 Health Assessment for 1 of 2 sampled residents (#14) as required.

Findings:

Resident #14's record review revealed a new Health Assessment form 1823 on file but no date of completion was signed by the physician. Further review revealed the last Health Assessment form 1823 was completed on . . . . .

On . . . . . at 1:30 PM, an interview with the Director of Nursing who confirmed the finding.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on resident record review, facility documentation and interview, the facility failed to maintain written notification to the healthcare provider and legal representative for a significant change for 2 of 2 sampled residents (#8 & #14) as required.

Findings:

,Resident #14's record review revealed that on and was sent out to the hospital and then after to rehab, returning to the facility on with orders to receive skilled nursing. Furthermore, there was no facility documentation that the healthcare provider and legal representative was not notified.

Resident #14's 1823 Health Assessment not dated, did not reveal a . . . . . His diagnosis was , , , generalized muscle , , left hip joint and history of falling. Further review, revealed the resident needed assistance with all Activities of Daily Living (ADLs) except he was independent with eating. (Photographic evidence obtained)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964863	**10/04/2018**
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)

On , a home health assessment was completed confirming that resident #14 had one on left leg and a -, on the sacrum with measurements: 3cm x 2cm, describing the , as loosely adherent yellow , bright red, thin and watery. Record review revealed the health care provider and legal representative were notified. (Photographic evidence obtained)

On at 3:15 PM, an interview with the Director of Nursing confirmed the findings.

Resident #8's record revealed a facility admission date of . Her most recent 1823 health assessment form, dated , indicated she had a diagnosis of Advanced .

A facility note, dated , indicated that staff reported her left wrist was . Moderate was noted. She denied pain. Her wrist was elevated on a pillow and the staff would continue to monitor it.

A facility note, dated , indicated the to her left wrist had decreased but was still present. She complained of mild discomfort. She received Extra Strength (ES) twice daily with fair effect on the pain. The staff would continue to monitor it.

There was no documentation in the record to indicate there continued to be or pain to her wrist however, there was also no documentation in the record to indicate the facility contacted a health care provider when she did have pain and .

On at 3:35 p.m. the director of nursing confirmed the findings and was unable to provide additional documentation.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and interview, the facility failed to have writtens informed consent for for 2 of 2 sampled residents (#8 & #14) who need assistance with self-administration of medications that indicated unlicensed staff assisting the resident with the self-administration of medication will or will not be overseen by a licensed nurse.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964863	**10/04/2018**
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)

1. Resident #14's record review revealed an admission date of . His informed consent did indicate if a licensed nurse will or will not oversee the unlicensed staff assisting residents with medication.

On at 4:15 PM, an interview with the Administrator who confirmed the findings.

2. Resident #8's record revealed a facility admission date of . Her informed consent for unlicensed personnel to assist residents with medications, dated , did not indicate whether the unlicensed person would or would not be overseen by a licensed nurse, as required.

On at 4:10 p.m. the administrator confirmed the findings and was unable to provide additional documentation.

Class

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview, the facility failed to have documentation of the Comprehensive Emergency Management Plan (CEMP) approval letter as required annually by the local emergency management agency.

Findings:

On at 1:45 PM, an interview with the Administrator she stated there was no documentation of an approved CEMP for 2018.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility documentation and interview, the facility had no evidence to confirm that their emergency power plan (EPP) was submitted for review and approval.

Findings:

Based on review of the facility's documentation, revealed there was no documentation to confirm that their EPP was submitted for review and approval.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964863	**10/04/2018**
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)

On ..... at 11 AM, the administrator said the Comprehensive Emergency Management Plan (CEMP) was submitted in however, the local emergency management agency said they had not received their plan. They did receive their EPP but would not be reviewed until the CEMP is received. The administrator stated she did send both plans and she did not know why the local emergency management agency had not received CEMP.

Class III