STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968878	06/18/2019
NAME OF PROVIDER OR SUPPLIER **HIBISCUS PALACE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1755 14TH AVE N** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

A relicensure survey was conducted at Hibiscus Palace Assisted Living Facility on . The facility had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and staff interview, the facility failed to ensure 1 of 2 sampled residents whose records were reviewed had a -to- medical examination by a health care provider after a significant change, as defined in rule 58A-5.0131, F.A.C.). The results of the examination must be recorded on AHCA Form 1823 (Resident #4).

The findings included:

On , during record review for Resident #4, it was documented that Resident #4 was admitted to Hospice on . Resident was admitted to the facility on .

On Resident #4's current AHCA Form 1823, which was completed at the time of admission, it was documented that Resident #4 did not have a , 3 or 4 , . A review of Hospice order dated documents, "Clean R[ight] , St[age] III with cleanser..." Hospice order dated documents, "Clean , with cleanser[,] apply honey, ..." No further information provided regarding , .
Hospice order dated documents, "Clean to left with..." No further information provided regarding left . Hospice order dated documents, "d/c [discontinue] treatment of to left ." Hospice order dated documents, d/c treatment of to right arm, left arm and left lower extremities. Areas are resolved."

During interview conducted with the Administrator on at 11:00 AM, she confirmed Resident #4 did have a , on right , , and on , and left , but all have been resolved. It was discussed with the Administrator that , 3 and 4 , are significant changes and may render resident inappropriate for an ALF. A new -to- medical examination by a health care provider with results documented on new Health Assessment Form (AHCA Form 1823) should have been done, with the Administrator monitoring the continued appropriateness of placement at all times. Per regulation, "a , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the

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care of a physician who agrees that the physical needs of the resident are being met."
The Administrator acknowledged the findings.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and staff interview, the facility failed to ensure staff maintained an accurate daily medication observation record (MOR) for each resident who received assistance with self-administration of medications by immediately updating each time the medication is offered, including reason(s) for any missed dosages and/or refusals for 4 of 5 residents whose MORs were reviewed (Residents #2, #3, #4, and #5).

The findings included:

Review of the MOR revealed the following concerns (see supporting documentation):
1) Resident #2 had missing staff initials for all doses of physician-ordered medications due on be given on . No documentation was found on the of the MOR to indicate the reason for the missing initials.
2) Resident #3 had missing staff initials for all doses of physician-ordered medications due to be given on . No documentation was found on the of the MOR to indicate the reason for the missing initials.
3) Resident #4 had missing staff initials for all doses of physician-ordered medications due to be given on . No documentation was found on the of the MOR to indicate the reason for the missing initials.
4) Resident #5 had missing staff initials for all doses of physician-ordered medications due to be given on . No documentation was found on the of the MOR to indicate the reason for the missing initials.

On at 1:20 PM, the Administrator was shown the MORs containing blank spaces where staff initials should have been recorded for each physician-ordered medications for the residents listed above. She acknowledged staff should have initialed the medications immediately after providing the medications, or documented the reason why the medications were not initialed.

Class III

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

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

Based on observation, record review and staff interview, the facility failed to ensure all over-the-counter medication (low-dose ,), for 1 of 5 residents who required assistance with self-administered medications was stored in a secured manner (Resident #1).

The findings included:

On at approximately 10:45 AM, a bottle of Low-Dose Bayer , was seen sitting on the bathroom counter of a shared resident bathroom (photo evidence obtained). The bottle of Bayer , was not labeled with any resident's name.

On at 10:50 AM, the Administrator was called to the bathroom to observe the , bottle sitting on the bathroom counter. She stated the , belonged to Resident #1, who was a respite care resident, and she was unaware that he had brought this medication into the facility. The Administrator immediately removed the , bottle and placed it in the locked medication cabinet along with the rest of Resident #1's medication.

Resident #1's Health Assessment (AHCA Form 1823), dated , documents Resident #1 requires assistance with self-administered medications and medication supervision. The facility's medication storage policy requires all medications to be centrally stored for residents requiring assistance with self-administered medications.

Class III