

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/22/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EMERALD PARK OF HOLLYWOOD

**5770 STIRLING ROAD
HOLLYWOOD, FL 33021**

(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 An unannounced third Revisit Survey was conducted from 12-19-22 to 12-22-22 at Emerald Park of Hollywood. The facility had an uncorrected deficiency at the time of the survey.	{A 000}		
{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ are enrolled in the national retained print _____ notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, _____, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by:	{CZ814}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{CZ814}	Continued From page 1 Based on record review and interview, the facility failed to provide proof that it updated and maintained its employee Background Screening (BGS) Clearinghouse Roster to include registration of all of its current staff members. The findings included: Review of the facility's BGS Clearinghouse Roster dated on _____, revealed that Caregiver Staff AA, whose date of hire was _____, revealed she was not included in the BGS Clearinghouse Roster. Review of Medication Technician/Caregiver Staff BB, whose date of hire was _____, revealed she was not included in the BGS Clearinghouse Roster. (Photographic evidence was obtained). In an interview conducted with the Administrator on _____ at 12:10 PM, she stated that she recently updated the facility's BGS Clearinghouse Roster but she did not include Staff AA and Staff BB in the Roster. She confirmed that both of these staff members provided direct care to the residents and were required to be listed in the facility's BGS Clearinghouse Roster. Unclassified	{CZ814}		