Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964990	A. BUILDING: _____ B. WING _____	R 03/30/2023

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 Revisit survey to Complaint (#2022018471) was conducted from 03-28-23 through 03-30-23 at Emerald Park of Hollywood. The previously cited deficiency was found uncorrected at the time of the survey.	{A 000}		
{A 152}	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	{A 152}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964990	A. BUILDING: _____ B. WING _____	R 03/30/2023

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 152}	Continued From page 1 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a safe and clean living environment for its residents; and failed to ensure that all of its existing mechanical systems were operational. The failure to properly operate and maintain its Air Conditioning (AC) units led to temperatures of 81 degrees Fahrenheit or higher in , ... common areas of the facility. The findings included: In an interview conducted with Resident #9 on . . . . . at 10:55 AM, she stated that her room had water stained walls for several months and she notified the facility managers of this, but nothing has been done to correct this. She stated that the water came from a roof leak, above the 4th floor, and whenever it rained, water made it all the way down to her room which is on the 3rd floor. She stated that she was afraid that this water intrusion inside the walls could result in mold growth. In an observation conducted at this time, this resident's room (#322) had stained and discolored walls throughout. (Photographic evidence was obtained). In an observation conducted on . . . . . at 11:00 AM in the 3rd floor hallway between # # . . , the carpets were dirty with dark-colored stains/spots and had a strong	{A 152}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964990	A. BUILDING: _____ B. WING _____	R 03/30/2023

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 152}	Continued From page 2 -like aroma. In an interview conducted with the Maintenance Director on at 11:45 AM, he stated that the water damage and stains on the walls of the resident rooms on the 4th and 3rd floors were caused by roof leaks on the facility's building. He stated that he believed these roof leaks were completely repaired about a month ago. He confirmed that the facility had not yet repaired the interior resident room damage from the water intrusion caused by the roof leaks. Review of the roofing company proposal dated , documented (dollar amount) was ticked off as paid (pd) upon signing the agreement. There was no date the agreement was signed. Further review documented (dollar amount) was ticked off as paid (pd) within 10 days after the job was completed. There was no date when this amount was paid. Further review revealed the third installment was due , indicating as of the date of the survey on , the roofing issues had been addressed, however the interior resident room damage had not yet been repaired. In an observation conducted on at 10:45 AM in the lobby areas of the 3rd and 4th floors, there was a wall mounted thermostat unit which displayed 84 degrees Fahrenheit. In an observation conducted on at 12:30 PM in the lobby areas of the 3rd and 4th floors, there was a wall mounted thermostat unit which displayed 87 degrees Fahrenheit. In an observation conducted at this time, there was another thermostat in the 4th floor lobby which was not operational and did not display any temperature reading. (Photographic evidence was obtained).	{A 152}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964990	A. BUILDING: _____ B. WING _____	R 03/30/2023

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 152}	Continued From page 3 In an interview conducted with the Maintenance Director on . . . . . at 2:00 PM, he stated that the AC units for the 3rd and 4th floor lobby areas were not operational and were not supplying any cool air. He stated that he had called for an AC contractor to come onsite to evaluate these AC units. In an observation conducted at this time, the 4th floor AC unit which supplied air to the lobby presented to be soiled with excessive dust and blackish brown dirt. (Photographic evidence was obtained). In an interview conducted with the Maintenance Director on . . . . . at 3:15 PM, he stated the AC contractor told him that the AC units that supplied cool air to the 3rd and 4th floor lobbies were broken and likely needed to be changed. He stated that these AC units were not in working order because they were likely not adequately maintained. In an observation conducted on . . . . . at 10:53 AM, there were 3 live roaches in the small conference room located next to the television room on the first floor. On at 3:15 PM, an interview was conducted with the Administrator regarding the non-compliance as documented above. Class III	{A 152}		