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 _____	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD PARK OF HOLLYWOOD	5770 STIRLING ROAD HOLLYWOOD, FL 33021

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A 000	Initial Comments An unannounced Complaint (#2024003103, #2024003140, #2024003337, #2024006902) and Generator Monitoring survey commenced on . . . . . and concluded on . . . . . at Emerald Park of Hollywood. The facility had deficiencies related to Complaints #2024003103, #2024003140, #2024003337 and #2024006902 at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual	A 010		

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A 010	Continued From page 1 receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of	A 010		

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A 010	Continued From page 2 Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a	A 010		

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A 010	Continued From page 3 plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their	A 010		

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A 010	Continued From page 4 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure residents met the criteria for continued residency and to ensure that the facility was capable of providing care and services as physician order and identified through facility assessment, for 2 out of 8 sampled residents' records reviewed (Resident# 25 and #31). The findings include: A review of the facility's Residency Agreement documented the following: Emerald Park of Hollywood complies with admission meeting the regulatory requirements. In general, an Assisted Living Facility (ALF) may serve anyone who is: able to perform activities of daily living with supervision or assistance; capable of self-preservation with assistance from staff in an emergency involving evacuation of the facility. Emerald Park of Hollywood may not admit a resident who is bedbound or have a resident remain in the facility who is bedbound for more than seven (7) days. A). During an interview on [redacted] at 9:17 AM with Staff I (Caregiver) she stated Resident #25 requires a three (3) to four (4) person transfer depending on the level of care needed. She stated Resident# 25 is bedbound. Staff I (Caregiver) stated the resident is total care	A 010		

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A 010	Continued From page 5 except for eating and administration of medication. On at 2:48pm, an observation made of Resident #25 revealed the resident is confined to the bed and requires assistance with getting in/out the bed. In an interview with Resident#25 on at 2:48 PM, he stated he has gone backwards since he has been at the facility. The Resident stated he has nobody to help him get out of bed. He stated he was going out for , but when he returned there was no one to help him when he needed assistance with ADLs. Resident#25 stated the facility would call 911 in situations where he needed help getting to his room/transferring. A review of Resident#25's Health Assessment (AHCA Form 1823) dated documented that the resident has a medical history of , and . Physical or Sensory Limitations are documented as ambulation. Special Precautions as precautions, Pressure Injuries precautions. The Activities of Daily Living (ADL) are documented as supervision for transferring, and that he needs assistance with ambulation, bathing, , self-care and toileting. The Resident's Status is documented as Alert, Awake, Oriented X 3. B). On at 9:51 AM, an observation of Resident #31 revealed the resident was lying in her bed. During an interview with the Resident at this time, she stated she required assistance getting in/out of bed as she is bed-bound, has no mobility in her right , and requires a two-person assist. She further stated she	A 010		

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A 010	Continued From page 6 requires assistance with all her Activities of Daily Living (ADLs). During an interview on at 9:51 AM with Staff I (Caregiver) she stated Resident #31 requires a two (2) or three (3) person transfer depending on the level of care needed. She stated Resident# 31 is and she has no mobility in her right . Staff I (Caregiver) stated the resident is bedbound. During an interview on at 9 AM with Resident #31, she was observed lying on her bed. The resident stated she has not been changed since yesterday, and she stated she relies on staff for transferring because she requires a 2-person transfer. Resident# 31 stated she is , has no mobility in her right , and that she is bedbound. She further stated that no one comes in to check on her or see if she requires assistance. Review of Resident#31's Health Assessment (AHCA Form 1823) dated documented that the resident has a medical history of , ( ), Lymphedema, retention of , . Physical or sensory limitations are documented as Stand-by Assist (SBA) Bed mobility, Transfer-max 2 person. The AHCA Form 1823 documented her Activities of Daily Living (ADL) as supervision for self-care, and assistance with ambulation, bathing, , transferring and toileting. Her status is documented as alert and oriented x 4. Review of the facility staffing schedule (provided by the Administrator) for the week of - revealed only one staff member (caregiver) providing care and services for the	A 010		

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A 010	Continued From page 7 Fourth Floor from 11:00PM - 7:00AM (Third shift) with a Census of 32 residents (the facility is a 4-story building: 1st floor Administrative offices, kitchen/dinning room and recreational areas, the Memory Care is located on the 2nd floor, Assisted Living Residents on the 3rd and 4th floor). . . . . . (Monday) - Staff R, Home Health Aide (HHA) . . . . . (Tuesday)- Staff U, Caregiver (Wednesday)- Staff Q, Certified Nursing Assistant (CNA) (Thursday) - Staff R, HHA . . . . . (Friday) - Staff R, HHA (Saturday) - Staff U, Caregiver . . . . . (Sunday) - Staff U, Caregiver A review of the staff schedule for . . . . . and revealed only one staff member (caregiver) providing care and services for the Fourth Floor from 3:00PM - 11:00PM (Second shift) with a Census of 32 residents: . . . . . (Friday) - Staff W, Caregiver (Saturday) - Staff V, Caregiver Further review of the facility staffing schedule (provided by the Administrator) for . . . . . - revealed only one staff member (caregiver) providing care and services for the Fourth Floor from 11:00PM - 7:00AM (Third shift) with a Census of 32 residents: . . . . . (Monday) - Staff R, HHA . . . . . (Tuesday)- Staff U, Caregiver . . . . . (Wednesday)- Staff Q, CNA (Thursday) - Staff R, HHA . . . . . (Friday) - Staff R, HHA (Saturday) - Staff U, Caregiver	A 010		

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A 010	Continued From page 8 . . . . . (Sunday) - Staff U, Caregiver A review of the staff schedule for . . . . . & revealed only one staff member (caregiver) providing care and services for the Fourth Floor from 3:00PM - 11:00PM (Second shift) with a Census of 32 residents: . . . . . (Friday) - Staff W, Caregiver (Saturday) - Staff V, Caregiver Further review of the facility staffing schedule (provided by the Administrator) for . . . . . - revealed only one staff member (caregiver) providing care and services for the Fourth Floor from 11:00PM - 7:00AM (Third shift) with a Census of 32 residents: . . . . . (Monday) - Staff R, HHA . . . . . (Tuesday)- Staff U, Caregiver . . . . . (Wednesday)- Staff Q, CNA (Thursday) - Staff R, HHA . . . . . (Friday) - Staff R, HHA (Saturday) - Staff U, Caregiver A review of the staff schedule for and revealed only one staff member (caregiver) providing care and services for the Fourth Floor from 3:00PM - 11:00PM (Second shift) with a Census of 32 residents: (Friday) - Staff W, Caregiver . . . . . (Saturday) - Staff V, Caregiver Review of the facility's staff schedule documented that the facility is unable to meet the three-person assist for resident #25's Assistance of Daily Living (ADLs) needs (ambulation, bathing, , self-care and toileting), for three-person assist, as documented on his AHCA form 1823. Specifically,	A 010		

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A 010	Continued From page 9 Resident# 25 [illegible] and is unable to transfer on his own. If the resident required assistance with his ADLs during the 11:00 PM - 7:00 AM there are only three (3) staff members in the building providing direct care for all residents, one of which is assigned to the Memory Care Unit. Review of the staff schedule documented that the facility is unable to meet the two-person assist for Resident #31 Assistance of Daily Living (ADLs) needs (ambulation, bathing, [illegible], self-care and toileting), for two-person assist (transfer max times 2), as documented on her AHCA form 1823. Specifically, Resident #31 is an extremely obese individual; she unable to transfer on her own and is non- [illegible]. During confidential staff interviews conducted on [illegible] and [illegible] at approximately 2:45 PM and 10 AM, it was revealed that the resident [illegible]. Should she require assistance with his ADLs during the 11:00PM -7 AM there are only (3) staff members in the entire building, one of which handles the Memory Care Unit. Additionally, should Resident #25(who requires a 3-person assist) require assistance with his ADLs at the same time, there would be no one to assist her or any residents in the building until they have concluded their assistance with that resident. During an interview on at 10:04 AM with the Administrator she was informed again of the insufficient staffing required to provide the care and services for Residents #25 and #31. No additional information was provided. Class II	A 010		

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A 028	Continued From page 10	A 028		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, it was determined that the facility failed to provide assistance/or supervision with Activities of Daily Living (i.e. showers, diaper changes, and nightly rounds) as needed for 12 out of 12 sampled residents (Residents 3, 4,10, 14,15, 16, 17, 18, 19, 20, 22 and 33). The findings include: A review of the facility's undated Policy and Procedures for Basic Care and Services (undated) included the following: Personal care will be provided to all residents on an individual basis according to findings from admission appraisals and subsequent re-appraisals. All resident care is planned and delivered in a resident-centered manner, and personal service plans should address any individual resident needs. 1. At the beginning of each shift, staff should familiarize themselves with resident status. Clear communication with staff from the previous shift, using the shift report and verbal exchange, ensures quality care. 2. Each resident is monitored on a routine basis.	A 028		

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A 028	Continued From page 11 3. . . . . care is given as necessary to residents requiring assistance every two hours. This includes nighttime hours, unless the physician orders indicate otherwise. 7. Residents are to have a full shower/bath according to their needs and preferences, and at least twice per week. 9. Each resident is to have his or her room tidied and bed made each day if unable to so independently. Complete cleaning of their quarters is performed by housekeeping staff on a weekly basis. 11.Residents receive assistance with bedtime/evening care as needed, which includes, but is not limited to the following: d. Toileting e. . . . . care 12. Any unusual incident will be reported and documented. All pertinent information on the resident will also be documented and passes on to the following shift. A review of the Facility's Policy for Hygiene and Grooming (undated) revealed the following: The resident's hygiene and grooming needs are met while . . . . . , the resident's personal preferences and daily routine. 2. The resident's physician report and appraisal are reviewed to identify resident needs and preferences. 4. Residents are showered daily if desired, and at a minimum twice a week. 5. Bed baths are given upon evidence of need. The Resident Care Coordinator approves bed baths to be given on a regular basis. 6. Refusal of necessary hygiene and grooming is reported by Caregivers to the Resident Care Coordinator and/or Administrator. Continued	A 028		

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A 028	Continued From page 12 refusal of hygiene and grooming is noted in the narrative charting section of the resident's chart, and the administrator is notified for further action. A review of the Facility's Policy and Procedure for (undated) documents the following: Residents suffering with will receive care and management aimed towards restoring whenever possible and preventing -related complications. 2.The Administrator instructs the caregivers to track episodes of . 5. The Administrator consults with the physician to develop interventions to correct whenever possible. 6. Should interventions fail and the resident is diagnosed with , the service plan will include a skin management plan. 7. Unless contraindicated, residents receive care and brief changes every two hours, or more often as needed, to keep the resident clean and dry. 8. Caregivers are instructed to monitor for and report any signs of . During the survey on , , and , the following resident interviews were conducted: A review of Resident #33's Health Assessment form (AHCA form 1823) dated documented his diagnoses included , , , , , ( ), , Unsteady Gait, , . Further review of the AHCA form 1823 revealed Activities of Daily Living (ADLs) are documented as Assistance with	A 028		

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A 028	Continued From page 13 bathing, [illegible], Grooming, Toileting and transfer. Supervision with eating, and Total care with Ambulation. On [illegible] at 10:34 AM an observation was made of Resident #33 by the surveyor. During observation it was revealed that the resident was in his wheelchair in dirty/soiled clothing. Further observation revealed the Resident had [illegible]-like spots covering his entire front and [illegible] upper torso. In an interview conducted during the observation, he stated he had not showered in days. On [illegible] at 1:14 PM an observation was made by the surveyor of Resident #33. The observation revealed the resident in his wheelchair in the same dirty/soiled clothing from the previous day's observation, with a foul smell. The Resident indicated he wasn't sure when he last took a shower. A review of Resident #22's 1823 dated [illegible] documented his diagnoses included [illegible] and [illegible]. His Activities of Daily Living (ADLs) are documented as Assistance with Ambulation, Toileting and Transfer and Total care with Bathing, [illegible], and Grooming. During an interview on [illegible] at 10:45 AM, Resident #22 was observed laying on his hospital bed. He stated during the observation that he is paraplegic, and fully dependent on staff to help with transferring, bathing, [illegible], grooming and toileting. He further stated there are no staff members at night to assist him with his ADLs. He further stated that when he has an emergency, Resident #12 (roommate of Resident #33) goes out in the hallway yelling for help on his behalf.	A 028		

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	AL11964990	A. BUILDING: _____ B. WING _____	06/10/2024

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A 028	Continued From page 14 A review of Resident #4's 1823 dated [redacted] documented his Physical and Sensory Limitations as [redacted], History of falling and Difficulty in walking. Further review of the 1823 revealed his ADLs documented he requires supervision for bathing, [redacted], toileting and transfer, and assistance with ambulation. During an interview on [redacted] at 12:11 PM Staff E (Caregiver) she stated she is assigned to care and services for the Third floor, where Resident 4's room is located. Specifically, she stated Resident#4 is not independent, and requires assistance with ambulation. She further stated that the resident's emergency pull cord does not work, and that she does not know how he would communicate with staff if he needed assistance with his ADLs or other services. She further stated that the Resident would have to wait until her rounds are done (every two hours). During a confidential interview on [redacted] at 4:09 PM with a Third Party services staff member, she stated that Resident #4 is declining and he needs assistance with all ADLs. During an interview on [redacted] at 9:31 AM with Resident #14 she stated she has not showered in a week. She stated the facility staff has not checked on her and/or asked if she wants to shower. The Resident stated she is [redacted] and needs assistance with activities of daily living. She further stated during the interview that staff from the 3:00 PM - 11:00 PM shift do not like to change her. Due to this she is not getting consistent care for her [redacted]. During an interview on [redacted] at 9:33 AM, Resident #15 stated he has not showered in days. The resident stated every time he makes a request to a staff member for assistance, they are always too busy; or they offer to clean him with	A 028		

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A 028	Continued From page 15 adult wipes. The Resident stated he is , and staff does not change his diaper. The Resident further stated the facility does not have enough staffing at night to meet his needs. During an interview on at 9:41 AM, Resident #16 stated she needs (uses) adult wipes to clean herself because she has not had a shower in days. The surveyor asked the resident if staff members do nightly rounds to check on her, and she stated some nights the facility does not have staff members on her floor (fourth floor), so she does not get assistance with her ADLs. She further stated she goes out of her room to look for staff so she can get help for herself and other residents who are not able to ambulate. During an interview on at 9:43 AM, Resident #10, stated she needs assistance with her activities of daily living. She stated she ambulates with a wheelchair, and she depends on use. Resident #10 stated that the staff does not check on her, and that there are no nightly rounds conducted on her floor (third floor). She further stated she has no choice but to wait for change of shift so she can receive the care and services she needs. During an interview on at 9:52 AM, Resident #17 stated he needs assistance with activities of daily activities. Observation of the Resident during the interview revealed the Resident's left was . The Resident stated that when he experiences emergency situations at night, he yells hoping someone will hear him crying out for help because the emergency do not work. He further stated that he has not had a shower in days, and he uses adult wipes because he cannot go for a week before he gets cleaned.	A 028		

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A 028	Continued From page 16 During an interview with Resident #12 on . . . . . at 10:11 AM he stated they have no staff available to assist the residents, especially at night. There are no call buttons, so, he has to yell for himself and other people to get someone to come and help them. During an interview on . . . . . at 10:35 AM, Resident #18 stated she had not showered in days and the facility has no staff available to assist her during the night shift (11:00PM - 7:00 AM). During an interview on . . . . . at 10:55 AM, Resident #3 stated there is no staff at night to help her with her ADLs and other services. Observation by this surveyor during the interview revealed the resident ambulates in a motorized wheelchair. He stated that when he needs assistance with a shower, he is offered adult wipes to clean himself instead. During an interview on at 11:06 AM, Resident #19 stated she needs assistance with her activity of daily living. She stated the facility has no staff (caregivers) at night to assist her with her ADLs. The Resident stated she has not had a shower in days. And when she asks staff for assistance, they always reply that they are busy, or will say they will be . . . to shower me, and they never come . She further stated she has voiced her concern to the Administrator, and she does not do anything about it. During an interview on at 08:46 AM, Resident #20 stated that on frequent occasions his bag is too full, and there is no staff around to help him during the night. He stated he does not have a way of communicating with staff	A 028		

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A 028	Continued From page 17 during the night in case he has an emergency because his emergency pull cord does not work, and staff members do not make rounds to check on the residents. During a confidential interview conducted on . . . . . at 11:48 AM with the Case Manager of some of the residents of the facility; she stated her residents have complained to her about not receiving care and services and have voiced their concerns to the Administrator regarding nightly staffing and nothing has been done. During review of the facility's grievance binder provided during the survey, it was revealed that no entries were logged regarding residents' concerns relative to assisting residents with ADLs. During an interview with the Administrator on . . . . . at 10:04 AM she was informed of the concerns regarding staff failing to assist and supervise residents with their activities of daily living to ensure they receive the care and services as may be needed to ensure their health and wellbeing. No additional information was provided. Class I	A 028		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman	A 030		

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A 030	Continued From page 18 Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements;	A 030		

Agency for Health Care Administration

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A 030	Continued From page 19 7. . . . . control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and	A 030		

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A 030	Continued From page 20 other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate	A 030		

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A 030	Continued From page 21 health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be	A 030		

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A 030	Continued From page 22 active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs.	A 030		

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A 030	Continued From page 23 (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to establish or maintain a safe and decent living environment, retain and allow residents to use their own clothing, and provide a method by which residents can access staff (i.e. working call buttons, pendants), to provide residents access to a readily accessible telephone on each floor of the building where residents reside, to maintain individuality and personal dignity for Ninety-Two (92) of Ninety-Two (92) Residents residing in the facility. The Findings Include: A review of the facility's undated Resident Binder (Resident Agreement) documented the following on page 9, Section 7. Services: Emerald Park of Hollywood will provide housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator. Services provided by the facility are:	A 030		

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A 030	Continued From page 24 -Supervision of self-administration of medication. -Housekeeping (including laundry). -Mental and physical stimulation (social activities). -Three meals and snacks, guided by a dietician/nutrition and health care provider. -24-hour staffing and emergency contact. -Emergency call system in each unit. -Educational workshop, when applicable. -Exercise and wellness care. Observation during tour(s) of the facility on [redacted] and [redacted] revealed enclaves on the Third and Fourth floors where telephones were once observed for resident use by this surveyor. Observation during this survey by this surveyor revealed there were telephone jacks, but there were no telephones available for residents to use. Thus, residents without cellular telephones (Cell phone) service are not provided convenient access to a telephone to facilitate their right to unrestricted and private communication. Or, to reach staff in the event assistance is needed. Observation by this surveyor on [redacted] of the enclave area located on the first-floor lobby area just to the East/right of the receptionist desk. Observation revealed that the area is a common area accessed by residents throughout the day. However, observation revealed the there was evidence of a telephone jack, but there was no telephone available for resident use. Observation of [redacted] on [redacted] at 9:41 AM revealed a call button system in the resident's room. This surveyor pushed the button, and nothing happened, and no one responded after [redacted] minutes as the system is not operable.	A 030		

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A 030	Continued From page 25 Observation of . . . . on . . . . . at 10:59 AM revealed a call-button system used for communicating with facility staff. However, the system was not operating. Due to this the resident would only be able to communicate with staff via cell phone, if the resident had a cell phone. In an interview with Resident #37 on . . . . . at 9:43 AM, she stated she does not have a cell phone like she used to when she was as the "other facility." She also stated that no one checks on you at night because there is no one at the facility. In an interview with Resident #33 on . . . . . at 10:23 AM, he stated he was doing okay, he also stated, he does not have any way of calling the Administrator or staff for help if he needs it. In an interview with Resident #7 on . . . . . at 11:21 AM, he stated he does not get an allowance to buy his personal items, does not have a telephone and will speak with the lady at the front desk if he has a need for something. However, there is no one there at night to assist the Residents. In an interview with Resident #31 on . . . . . at 2:40 PM, she stated she does not have a telephone; she stated she is bedbound and needed the password to the facility's Wi-Fi so she could have some form of communication/entertainment. She stated she has not received the password yet, so she is not able to communicate with anyone. She also stated that the staff do not clean the room thoroughly. In an interview with Staff E, caregiver on	A 030		

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A 030	Continued From page 26 . . . . . at 12:09 PM, she stated the call lights/buttons do not work. If a resident needs assistance they have to call out to them. She stated she doesn't know how the Residents would call them if they had an emergency because the call buttons/pendants don't work. In an interview with Staff F, caregiver on . . . . . at 12:44 PM, stated she has been at the facility for 5 years and works in the Assisted Living (AL) and Memory Care Unit (MCU). She stated she assists residents with Activities of Daily Living (ADLs), bathes them. She stated she does not know how residents would contact them should they need assistance. In an interview with Resident #25 on at 2:48 PM stated Resident #12, who lives a few doors down from him, will get out into the hall and start screaming if he needed help. In an interview with the Administrator on . . . . . at 4:13 PM she stated residents can call the front desk if they need assistance, as there is someone there 24/7. Specifically, the second shift supervisor is there until about 6:00 AM. She stated all the residents have cell phones, they all have her cell phone number, and that she has a program that she gets phones through to ensure that they have a telephone. No information or documentation of the Program was provided during the survey. In an interview with Staff P, CNA on at 11:27 AM she stated the facility does not have any method for the residents to call her during her shift (7AM to 3 PM). She stated she checks the rooms after 2:00 PM and in the morning when she comes.	A 030		

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A 030	Continued From page 27 In an interview with Resident #35 on [redacted] at 4:47 PM, he stated there is no way to get ahold of staff. He stated you can call the front desk at night, but you get a recording, so you have to go and find someone. During the survey on [redacted] and [redacted] between 9 AM to 6 PM revealed the laundry rooms on the Second, Third and Fourth revealed soiled resident clothing, linen, and bedding that were in need of cleaning and sanitizing lying on the floor, stuffed into dryers, and/or on top of washers because they were not operable, resulting in the excessive gathering of resident clothing that needed sanitizing and washing. Observation also revealed that the clothing didn't have the residents' names written on it, thus making it difficult to ensure that items of clothing were returned to the correct resident. Observation on [redacted] at 10:59 AM was also made of resident's bedding/clothing in a large plastic garbage bin inside a closet ([redacted]) located on the Northeastern section of the second floor. Observation of the items revealed a mold-like substance on them. (photo evidence obtained). In an interview with Resident #33 on [redacted] at 10:23 AM he stated he was doing okay. The Resident was observed by this surveyor sitting in his wheelchair in dirty, soiled, odor carrying clothing and diaper. He stated in the interview that he has a [redacted] covering the front and [redacted] of his body, then proceeded to lift his shirt, exposing [redacted]-like skin on the entirety of his [redacted] and front. He stated he is not receiving regular/ongoing assistance with his ADLs, [redacted], bathing. He further stated that he has not received any treatment/or [redacted] for his [redacted].	A 030		

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A 030	Continued From page 28 In an interview on at 10:57 AM with Resident #3, he stated the facility has bugs crawling around (observation of his wheelchair revealed live roaches crawling on it). He stated they clean his room occasionally, and that one of the men that work at the facility walks around with a tank on his and sprays in the corners. In an interview with Resident #21 on at 9:41 AM, he stated they change the bedding every months and that the sheets on the bed were last changed 3 months ago. Observation of the sheets by this surveyor revealed they were soiled, dingy and dirty. In addition to the facility's washer/dryers not working, the facility had no way of sainitizing the bedding as the hot water heaters were not working because they operate on gas, and there was no gas at the facility. In an interview with the Maintenance Director, Staff M on at 10:09 AM, he stated he had just discovered that the gas was off yesterday. He stated that the gas company that provides propane gas to the facility will come within 24 hours to fill the gas tank. In an interview with Staff N, Caregiver on at 11:10 AM, she stated the hot water (gas) at the facility has been off since Monday and Residents have not been able to take hot baths/showers. In an interview with Staff O, Caregiver on at 11:12 AM, she stated the facility hot water has been off since Monday and Residents have not been able to take hot baths/showers. In an interview with Resident #25 on	A 030		

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A 030	Continued From page 29 at 2:48 PM, he stated that if he had marginal assistance, he would be fine. He stated last Wednesday - Thursday (-) night he sat in a dirty diaper. He stated a girl comes in and sweeps marginally on occasions. He stated there are bugs (roaches) everywhere (and pulled out his drawer by his desk. Observation was made of a roach in the drawer by this surveyor). He stated he bought his own RAID and sprayed everything down (observed by this surveyor). In an interview with Staff L, Housekeeping on at 10:14 AM she stated that the clothing located in the Northeastern section of the second floor has been there for months because most of the washer/dryers are not working. She stated that some of the bedding had to be thrown away because they had mold on them. She also stated that they must hang resident clothing in their rooms because the dryers are not working. So, they must wash the clothing on the 3rd and 4th floor, then take them to the appropriate floor/room and hang them up to dry. She further stated it was reported to the Maintenance Director, who spoke to their corporate office, but no one has gotten to them yet. As the facility only has 1 residential washer (which breaks often) on the fourth floor, 1 residential washer on the third floor that works infrequently, and no dryers, the facility has no method of ensuring resident clothing are sanitized by the heat produced in dryers. Observation of Resident on at 10:57 AM revealed clothing hanging on the shower rod in the bathroom to dry them. Observation of Resident on at 10:59 AM revealed clothing hanging on the	A 030		

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A 030	Continued From page 30 shower rod in the bathroom to dry them. In an interview with the Administrator on at 12:26 PM this surveyor informed her that Resident #33 had a foul odor and has soiled clothing. She stated he refuses to take showers, and that she would go get the Shower logs, and left the room where the surveyors were working. No shower documentation was provided during the survey. In an interview with Resident #33 on at 2:48 PM he stated he got a shower. Observation was made of the Resident, which revealed he was wearing different clothing than observed earlier. However, he stated no one still has given him anything for the on his and front. The Resident was said to refuse showers, and received a shower only after surveyor intervention. In an interview with Resident #17 on at 3:47 PM he stated he has been speaking with the Administrator regarding his roommate who keeps him up all night. He stated the resident coughs and screams out all the time because he is in . He stated the Administrator always responds: "What do you want me to do?" He stated he sleeps in his car in all this heat, so that he can get some sleep. He stated the Administrator doesn't respond to anything. In an interview with the Administrator on at 6:16 PM she was informed that Residents without cell phones do not have any method of contacting staff should they need assistance, Residents do not have access to their clothing as the washer (with the exception of those on the 3rd and 4th floors (which works intermittently), and all the dryers do not work. She	A 030		

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A 030	Continued From page 31 was also informed/or reminded of Resident #33 who was observed to be unkept and unclean. Resident #3 who was observed to have live roaches crawling on his wheelchair, and the condition of the washrooms on floors 2, 3 and 4. She acknowledged the findings, and no additional information was provided during the survey. Class I	A 030		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.	A 054		

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A 054	Continued From page 32 (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to ensure medication was given to 6 of 6 sampled Residents as ordered (Resident #'s 4, 23, 25, 27, 31, 33), and that the medication assistance was documented properly on the Medication Observation Records (MORs) indicating a recorded time of any missed dosages, refusals to take medication as prescribed, or medication errors. The Findings Include: Review of the facilities undated policy provided by the Administrator titled Basic Care Services (undated) revealed the following information: Procedure #4: Medications are to be given according to physician orders and when possible, according to the following general medication pass schedule: a. Morning medication pass: 7:30AM b. Mid-day medication pass: 11:30AM c. Evening medication pass: 4:40PM d. Bedtime medication pass: 8:30PM e. A "two-hour window" ensures appropriate delivery of medications. Medications may be passed one hour earlier or one hour later unless indicated otherwise by the physician or authorized prescriber. Record review of medication observation records (MOR) with Staff G (Medication Technician) for	A 054		

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A 054	Continued From page 33 Resident #'s 4, 23, 25, 27, 31, 33 revealed the following: A) During a review of Resident #4's Medication Observation Record (MOR) for the month of , , it was revealed that the medications: 1. , (For or Kindney Stones)- 100mg 1 tablet by daily, had been initialed as being administered by staff on Resident #4's MOR as ordered for the 8:00AM dose on 10 of 29 days from to . 2. (For high) - 20mg 1 tablet by daily, had been initialed as being administered by staff as ordered for the 8:00PM dosage on 4 of 28 days from to . 3. , (An) - 500mg 1 tablet by daily, had been initialed as being administered by staff as ordered for 8:00AM dose on 2 of 29 days from to . 4. ( )- 1mg 1 tablet by twice a day, had been initialed as being administered by staff as ordered for 8:00AM dose on 10 of 29 days and 5:00PM dosage on 5 of 28 days from to . 5. (For or ,) - 12.5mg 1 tablet by twice a day, had been initialed as being administered by staff as ordered for 8:00AM dose on 10 of 29 days and 5:00PM dosage on 3 of 28 days from to . 6. (For Softener) - 100mg 1 capsule by daily, had been initialed as being administered by staff as ordered for 8:00	A 054		

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A 054	Continued From page 34 PM dose on 4 of 28 days from . . . . to . 7. , (For clots) - 5mg 1 tablet by . . . twice a day, had been initialed as being administered by staff as ordered for 8:00AM dose on 10 of 29 days and 5:00PM dosage on 3 of 28 days from . . to . 8. Embrace Lanc . (Testing device) - 28g use as directed, ordered on . . . . . had been initialed as being administered by staff as ordered for 12:00AM dose on 0 of 5 days to . 9. (For ,) - 20mg 1 tablet by . . daily, had been initialed as being administered by staff as ordered for 8:00AM dose on 10 of 29 days from to . 10.Ferosul (For Iron Deficiency) - 325mg 1 tablet by . . . daily, had been initialed as being administered by staff as ordered for 8:00AM dose on 10 of 29 days from . . . . . to . . . . . . 11. . . , . . . (For Neuropathic , . .) - 300mg 1 caplet by three times a day, had been initialed as being administered by staff as ordered for 8:00AM dose on 10 of 29 days and 12:00PM dosage on 7 of 29 days and 5:00PM dosage on 3 of 28 days from . to . 12. Lervemir , (For .) - 100 unit/ml-s inject 25units . . . . . , in the morning, had been initialed as being administered by staff as ordered for 8:00AM dose on 5 of 29 days from to . 13. , (For Major ,) - 15mg 1	A 054		

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A 054	Continued From page 35 tablet by daily, written on had been initialed as being administered by staff as ordered for 8:00PM dose on 1 of 17 days from to . 14. , (For ,) - 30mg ER 1 tablet by daily, had been initialed as being administered by staff as ordered for 8:00AM dose on 10 of 29 days from to . 15. , (For ,) - 40mg 1 tablet by daily, had been initialed as being administered by staff as ordered for 8:00AM dose on 10 of 29 days from to . 16. , (For ,) - 1mg 1 tablet by twice daily, written on had been initialed as being administered by staff as ordered for 8:00AM dosage on 6 of 17 days and 5:00PM dosage on 1 of 17 days from to (Photographic evidence obtained). On at 5:00PM interview with Med Tech , Staff G revealed she could not explain why the Residents medication observation record (MOR) was missing the recorded time the medication was taken, any missed dosages, refusals to take medication as prescribed, or medication errors. She stated Resident #4 is assisted with his medication by staff. B) On during a review of Resident #23's Medication Observation Record (MOR) for the month of , , it was revealed that the medications: 1. , , (For ,) -5mg 1 tablet by daily, had been initialed as being	A 054		

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A 054	Continued From page 36 administered by staff on Resident #23's MOR as ordered for 8:00AM dose on 22 of 29 days from [illegible] to [illegible]. 2. [illegible] low dose (For Acute [illegible])- 81mg 1 tablet by [illegible] daily, had been initialed as being administered by staff as ordered for 8:00AM dose on 22 of 29 days from [illegible] to [illegible]. 3. [illegible] ER (For Major [illegible]) - 30mg 1 capsule by [illegible] daily, had been initialed as being administered by staff as ordered for 8:00AM dose on 22 of 29 days from [illegible] to [illegible]. 4. [illegible] (For Folate Deficiency) -1mg 1 tablet by [illegible] daily, had been initialed as being administered by staff as ordered for 8:00AM dose on 22 of 29 days from [illegible] to [illegible]. 5. [illegible] (For [illegible])- 100mg 1 tablet by [illegible] daily, written on [illegible] had been initialed as being administered by staff as ordered for 8:00AM dose on 18 of 25 days from [illegible] to [illegible]. 6. [illegible] (For [illegible])- 25mg 2 tablets by [illegible] daily, written on [illegible] and dc'd on [illegible] had been documented as administered as ordered for 8:00AM dose on 2 of 7 days from [illegible] to [illegible]. 7. [illegible] (For [illegible]) - 5mg 1 tablet by [illegible] daily, had been initialed as being administered by staff as ordered for 8:00AM dose on 22 of 29 days from [illegible] to [illegible]. 8. [illegible] (For [illegible]) - 1000mg 2 tablets by [illegible] daily, had been initialed as being	A 054		

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A 054	Continued From page 37 administered by staff as ordered for 8:00AM dose on 22 of 29 days from to , 9. gel (For Ocular , ,)- 0.5% , , had been initialed as being administered by staff as ordered for 8:00AM dose on 14 of 29 days and 4:00PM dosage on 3 of 29 days from to . 10. (For Major ,) - 50mg 1 tablet by daily, had been initialed as being administered by staff as ordered for 8:00 PM dose on 3 of 29 days from to . (Photographic evidence obtained) On at 5:00PM interview with Med Tech - Staff G revealed she could not explain why the Residents medication observation record (MOR) was missing the recorded time the medication was taken, any missed dosages, refusals to take medication as prescribed, or medication errors. She stated Resident #23 is assisted with his medication by staff. C) On during a review of Resident #25's Medication Observation Record (MOR), it was revealed that the medications: 1. (For High) - 10mg 1 tablet by daily, had been initialed as being administered by staff as ordered for 8:00 PM dose on 5 of 28 days from to . 2. , (For clots)- 5mg 1 tablet by every 12 hours, had been initialed as being administered by staff as ordered for 8:00 AM dose on 10 of 29 days and 5:00PM dosage on 3 of 28 days from to .	A 054		

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A 054	Continued From page 38 3. [redacted] (For [redacted]) - 40mg 1 tablet by [redacted] daily, had been initialed as being administered by staff as ordered for 8:00 AM dose on 8 of 29 days from [redacted] to [redacted]. 4. [redacted] (For [redacted]) - 5mg 1 tablet by [redacted] twice daily, has been initialed as being administered by staff for 8:00 AM dose on 8 of 29 days and 4:00PM dosage on 4 of 28 days from [redacted] to [redacted]. 5. [redacted] (For [redacted]) - 1000mg 1 tablet by [redacted] daily twice a day, had been initialed as being administered by staff as ordered for 8:00 AM dose on 9 of 29 days and 4:00 PM dosage on 4 of 28 days from [redacted] to [redacted]. 6. [redacted] SUC (For [redacted]) - 25mg 1 tablet by [redacted] daily twice a day, had been initialed as being administered by staff as ordered for 8:00 AM dose on 10 of 29 days from [redacted] to [redacted]. 7. POT Chlorid (For low [redacted])- 10meq ER 1 tablet by [redacted] daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 9 of 29 days from [redacted] to [redacted]. 8. [redacted] (For Major [redacted])- 100mg 1 tablet by [redacted] daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 8 of 29 days from [redacted] to [redacted]. (Photographic evidence obtained). On [redacted] at 5:00PM interview with Med Tech - Staff G revealed she could not explain why the Residents medication observation record (MOR) was missing the recorded time the	A 054		

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(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 054	Continued From page 39 medication was taken, any missed dosages, refusals to take medication as prescribed, or medication errors. She stated Resident #25 is assisted with his medication by staff D) On during a review of Resident #27's Medication Observation Record (MOR), it was revealed that the medications: 1. , low dose (For , ,)- 81mg1 tablet by daily, had been initialed as being administered by staff as ordered for 8:00 AM dose on 20 of 29 days from to . 2. /Formoter (For and) - 80/4.5-AER1 puff by daily Aero ordered on had been initialed as being administered by staff as ordered for 8:00 AM dose on 3 of 8 days from to . 3. , (For ,) - 5mg 1 tablet by daily twice a day had been initialed as being administered by staff as ordered for 8:00 AM dose on 20 of 29 days and 4:00PM dose on 5 of 29 days from to . 4. Oyster Shell (For low)- 500mg 1 tablet by daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 20 of 29 days from to . 5. (For)- 100mg 2 tablet by daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 20 of 29 days from to .	A 054		

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	AL11964990	A. BUILDING: _____ B. WING _____	06/10/2024

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A 054	Continued From page 40 6. , (For clots) - 5mg 1 tablet by every 12 hours had been initialed as being administered by staff as ordered for 8:00 AM dose on 20 of 29 days and 8:00PM dosage on 4 of 29 days from to . 7. (For , -)- 20mg 1 tablet by daily twice a day had been initialed as being administered by staff as ordered for 8:00 AM dose on 20 of 29 days and 8:00PM dosage on 5 of 29 days from to . 8. , (For Neuropathic ,)- 100mg 1 tablet by daily three times a day had been initialed as being administered by staff as ordered for 8:00 AM dose on 20 of 29 days and 12:00PM dosage on 20 of 29 days and 4:00PM dosage on 5 of 29 days from to . 9. , (For agitation) - 1mg 1 tablet by daily twice a day written on had been initialed as being administered by staff as ordered for 8:00 AM dose on 17 of 25 days and 5:00PM dosage on 4 of 25 days from to . 10. (For ,)- 8.6mg 1 tablet by daily had been initialed as being administered by staff as ordered for 8:00 AM dosage on 19 of 29 days from to . 11. , (For) - 75mg ER Aero 1 puff by daily twice a day had been initialed as being administered by staff as ordered for 8:00AM dosage on 12 of 20 days and 4:00PM dosage on 3 of 20 days from to (DC'd).	A 054		

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A 054	Continued From page 41 12. [illegible] (For major [illegible]) - 75mg ER 1 capsule by [illegible] daily had been initiated as being administered by staff as ordered for 8:00AM dose on 20 of 29 days from [illegible] to [illegible]. 13. [illegible] D3 (For low [illegible]) - 5000unit 1 capsule by [illegible] daily had been initiated as being administered by staff as ordered for 8:00AM dose on 20 of 29 days from [illegible] to [illegible]. (Photographic evidence obtained). On [illegible] at 5:00PM interview with Med Tech - Staff G revealed she could not explain why the Residents medication observation record (MOR) was missing the recorded time the medication was taken, any missed dosages, refusals to take medication as prescribed, or medication errors. She stated Resident #27 is assisted with his medication by staff E) On [illegible] during a review of Resident #31's Medication Observation Record (MOR) for the month of [illegible], it was revealed that the medications: 1. [illegible] SOL Tears(For dry [illegible]) 1 drop in both [illegible] every 12 hours had been initiated as being administered by staff as ordered for 8:00AM dose on 9 of 29 days and 8:00PM dose on 5 of 28 days from [illegible] to [illegible]. 2. [illegible] Low (For [illegible]) - 81mg 1 tablet by [illegible] daily had been initiated as being administered by staff as ordered for 8:00AM dose on 10 of 29 days from [illegible] to [illegible]. 3. [illegible] (For [illegible] and [illegible])- 200mg 1 tablet by [illegible] daily every 12 hours had been initiated as being administered by staff	A 054		

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A 054	Continued From page 42 as ordered for 8:00AM dose on 11 of 29 days and 8:00PM dose on 5 of 28 days from to . 4. , , (For ,) - 10mg 1 tablet by every 8 hours had been initialed as being administered by staff as ordered for 12:00AM dosage on 11 of 29 days and 8:00AM dosage on 11 of 29 days and 4:00PM dose on 4 of 28 days from to . 5. , (For , ,) - 500mg 2 tablets by every 8 hours had been initialed as being administered by staff as ordered for 12:00AM dosage on 10 of 29 days and 8:00AM dosage on 11 of 29 days and 4:00 PM dose on 4 of 29 days from to . 6. (softener)- 100mg 1 capsule by every 12 hours had been initialed as being administered by staff as ordered for 8:00 AM dosage on 11 of 29 days and 8:00PM dose on 5 of 28 days from to . 7. Doxycycl HYC (An) - 100mg 1 capsule by three times a day written on had been initialed as being administered by staff as ordered for 8:00 AM dosage on 4 of 9 days and 12:00PM dosage on 4 of 9 days and 5:00PM dose on 2 of 8 days from to . 8. (For ,) - 40mg 1 tablet by daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 11 of 29 days from to . 9. SOL (For , , and	A 054		

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A 054	Continued From page 43 hyperammonia) - 10gm/15 30ml by daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 10 of 29 days from to . 10. Levothyroxin (For , ,) - 125mcg 1 tablet by daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 11 of 29 days from to . 11. , (For ,) - 5mg 1 tablet by daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 11 of 29 days from to . 12. , , ER(For) - 5mg 1 tablet by daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 11 of 29 days from to . 13. Sulfa/Trim (An) - 800/160 mg 1 tablet by daily twice a day had been initialed as being administered by staff as ordered for 8:00 AM dose on 1 of 8 days and 5:00PM dose on 0 of 8 days from to (DC'd). 14. (For major ,) - 20mg 2 tablets by daily at bedtime had been initialed as being administered by staff as ordered for 8:00 PM dose on 5 of 28 days from to . 15. (For blot clots)- 20mg 1 tablet by daily had been initialed as being administered by staff as ordered for 8:00 AM dosage on 11 of 29 days from to	A 054		

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A 054	Continued From page 44 . . . . . . On . . . . . at 5:00PM interview with Med Tech - Staff G revealed she could not explain why the Residents medication observation record (MOR) was missing the recorded time the medication was taken, any missed dosages, refusals to take medication as prescribed, or medication errors. She stated Resident #31 is assisted with his medication by staff F) On during a review of Resident #33's Medication Observation Record (MOR) for the month of , , it was revealed that the medications: 1. . . . LAC CRE (For dry skin) - 12% apply , . . . , to both extremities daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 8 of 18 days from . . . . . to . . . . . . 2. . . . LAC CRE (For dry skin) - 12% apply , . . . , to both extremities daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 8 of 18 days from . . . . . to . . . . . . 3. , , ... (For . . . . ,)- 5mg 1 tablet by . . . daily, had been initialed as being administered by staff as ordered for 8:00 AM dose on 22 of 29 days from to . . . . . . 5. Descovy (An . . . . .) - . . . . . , 1 tablet by . . daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 22 of 29 days from to	A 054		

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A 054	Continued From page 45 6. [redacted] (For [redacted]) - 500mg 1 tablet by [redacted] daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 22 of 29 days and 8:00PM dosage on 4 of 28 days from [redacted] to [redacted]. 7. [redacted] (For Neuropathic [redacted]) - 100mg 1 capsule by [redacted] daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 22 of 29 days and 5:00PM dosage on 4 of 28 days and 8:00PM dose on 4 of 28 days from [redacted] to [redacted]. 8. Isentress (An [redacted]) - 400mg 1 tablet by [redacted] daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 22 of 29 days and 5:00 PM 4 of 28 days from [redacted] to [redacted]. 9. [redacted] (For sleep) - 3mg 1 tablet by daily had been initialed as being administered by staff as ordered for 8:00 PM dose on 4 of 29 days from [redacted] to [redacted]. 10. [redacted] cream (For a skin [redacted])- 5% apply [redacted], leave overnight, rinse off completely in AM had been documented as administered at 8:00 AM on 2 of 13 days from [redacted] to [redacted]. 11. [redacted] Plus (For [redacted]) - 8.6-50mg 1 tablet by [redacted] twice a day had been initialed as being administered by staff as ordered for 8:00 AM dose on 22 of 29 days and 5:00PM dosage on 4 of 28 days from [redacted] to [redacted]. 12. [redacted] (For Major [redacted]) - 50mg 1 tablet my [redacted] daily had been initialed as being administered by staff as ordered for 8:00 AM dose on 22 of 29 days from [redacted] to	A 054		

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A 054	Continued From page 46 . . . . . . 13. . . . . (For . . . prostatic Hyperplasia)- 0.4mg 1 capsule by at bedtime had been initialed as being administered by staff as ordered for 8:00 PM dose on 4 of 29 days from . . . . . to . . . . . . On . . . . . at 5:00PM interview with Med Tech - Staff G revealed she could not explain why the Residents medication observation record (MOR) was missing the recorded time the medication was taken, any missed dosages, refusals to take medication as prescribed, or medication errors. She stated Resident #33 is assisted with his medication by staff On interview with the Administrator at 1:52PM, Staff A about the residents medication she understood the Residents medication observation record (MOR) must be completed timely, and could not inform the surveyor why Resident #4, 23, 25, 27, 31, 33's MOR did not have a recorded time indicating any missed dosages, refusals to take medication as prescribed, or medication errors. (Photographic evidence obtained). Class II	A 054		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week	A 079		

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A 079	Continued From page 47	A 079		

0-5 168
212
16-25 253
26-35 294
36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection

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A 079	Continued From page 48 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least . . . . . must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled	A 079		

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A 079	Continued From page 49 service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the	A 079		

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A 079	Continued From page 50 agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure adequate staffing was provided to ensure appropriate supervision, care and services were provided to a census of 92 residents that resided in the Assisted Living Facility(ALF). It was also determined that the facility failed to ensure that at least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. This directly threatens the physical, emotional health, and safety of all residents at the ALF. The findings included: The following concerns were identified during the survey, that demonstrated the facility does not have adequate staffing to provide the appropriate level of supervision, care, and services and to ensure a safe living environment for all residents	A 079		

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A 079	Continued From page 51 residing at the facility. A) On [redacted] the Surveyors requested a copy of the staffing schedules and received the staffing schedule for the week of [redacted] (Monday [redacted] to Sunday [redacted]). Observation of staff schedules located at the staff time clock revealed the following. -Weekly Med Tech Schedule -Weekly Schedule for Housekeeper/Receptionist -Weekly Memory Care Schedule -Weekly 3rd Floor Schedule -Weekly 4th Floor Schedule A review of the staff schedules above revealed they did not include the times of the daily staffing hours, only staff names are listed on the schedules. Therefore, this surveyor was unable to determine the designated times of each shift. B) 1) Multiple grievances identified through Resident, Family and Case Manager interviews conducted during the survey that commenced on [redacted] and concluded on [redacted] revealed staff are not readily available while on duty. 2) Staff on duty are not responding to the resident audible pleas for assistance as the facility does not have a functioning call bell system for residents to use when requesting assistance. 3) Excessive response delay times exhibited by staff when responding to resident's request for assistance. This delay resulted in some residents waiting hours for care assistance. 4) Residents identified by the facility as requiring a higher level of care are not receiving the additional services as identified in their personal	A 079		

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A 079	Continued From page 52 Service Care Plans created by the facility. 5) The facility utilizes only three (3) staff to monitor and oversee resident needs and services during the 11:00 PM to 7:00 AM shift. One of the three staff members during the shift only provides medication and does not assist Residents with Activities of Daily Living (ADLs). Thus, only one (1) care staff is available to assist residents on the 3rd and 4th floors, and one (1) care staff to assist residents in the Memory Care Unit during the shift. 6) Confidential staff interviews conducted during the survey revealed they could use additional staff per shift to assist with the care needs of residents on each floor where residents reside (2,3 and 4 floors). It was revealed the facility (Management Company) reduced staffing hours under the new Management company a couple of months ago. 7) The facility's inability to be proactive regarding the staffing concerns resulted in the staffing concerns becoming more extensive, resulting in a direct threat to the safety and well-being of the 92 residents residing at the facility. 8) Observation and interviews revealed the facility has two (2) residents (Resident #25 and #31) who are extremely obese (450 and . . . , ...), and who require two or more persons assistance with transferring, ambulation and toileting. 9) The facility is unable to perform the ADLs documented in the Resident's Health Assessment (AHCA Form 1823) due to inadequate staffing. Specifically, a review of the staffing schedule reveal there are only three staff present during the 11:00 PM - 7:00 AM shift: One staff is	A 079		

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	AL11964990	A. BUILDING: _____ B. WING _____	06/10/2024

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A 079	Continued From page 53 designated for the 2nd floor residents; one staff is designated for 3rd floor residents; and the third staff member is a MedTech who does not assist with Activities of Daily Living (ADLs). C) On at 11:30PM observed only three staff members in the facility (however, staff schedules documents 5 staff should be present), Staff Q, Certified Nursing Assistant (CNA) and Staff R, Home Health Aide (HHA) working as caregivers and Staff S (HHA) as a med-tech for the facility on the 11PM to 7AM shift. Staff N was assigned to the 2nd floor memory care unit which had a census of 29 Residents. Staff Q was assigned to the 4th floor which had a census of 30 residents. There were no staff assigned to the 3rd floor which had a census of 30 residents. On . . . . . at 11:41PM during a tour of the facility observed the current staffing schedule posted by the employee area for the week of . Interview with Staff S confirmed that this was the current staffing schedule. Photographic evidence obtained. On record review of the facility staffing schedule posted in the facility revealed that assignments are as follows: (Photographic evidence) -1st Floor no staff assigned. -2nd Floor Memory Care Unit Staff Q resident care. -3rd Floor Staff S resident care. -4th Floor Staff R resident care -Facility Med-Tech Staff S. A review of the staff schedules above revealed and observations of staff present revealed discrepanicies between the scheduled staff and	A 079		

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A 079	Continued From page 54 actual staff present. Further review also revealed that the schedules do not include the times of the daily staffing hours, only staff names are listed on the schedules. Therefore, it couldn't be determined the designated times of each shift. On . . . . . at 11:30PM interview with Staff S (Med-Tech), she stated she is scheduled for two different assignments one as a med-tech and one as a caregiver assigned to the 3rd floor for the 11PM to 7AM shift. However Staff S states her responsibilities are as a med-tech only and does not provide Resident care for the 3rd floor as indicated on the schedule. She also stated she does not monitor Residents on the first floor that go outside on the facilitys patio during the 11PM to 7AM shift. On . . . . . at 11:55PM interview with Staff Q (CNA), she stated she is scheduled for the 2nd floor memory care unit. She stated Residents are observed awake and active in the day room during her assigned tour and has no staff member to relieve her, so she stays on the unit the entire shift. She also stated she does not monitor Residents on the first floor that go outside on the facility patio during the 11PM to 7AM shift. On at 12:05AM interview with Staff R (HHA), she stated she is scheduled for the 4th floor assisted living floor. She stated she has no other staff member to relieve her, so she stays on the unit the entire shift. She also stated she does not monitor Residents on the first floor that go outside on the facility patio during the 11PM to 7AM shift. On at 1:00AM, two Residents were observed outside on the rear courtyard smoking.	A 079		

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A 079	Continued From page 55 Residents were unattended and no staff members were observed while Residents were outside the facility. On a review of the Weekly Med Tech Schedule for the weeks of and it is noted that only Staff names are listed in the designated date column, and no time periods are designated for the work schedules. On a review of the Weekly Schedule for Memory Care Schedule for the week of and it is noted that only Staff names are listed in the designated date column, and no time periods are designated for the work schedules. On a review of the Weekly Schedule for the 3rd Floor Schedule for the week of and it is noted that only Staff names are listed in the designated date column, and no time periods are designated for the work schedules. On a review of the Weekly Schedule for the 4th Floor Schedule for the week of and it is noted that only Staff names are listed in the designated date column, and no time periods are designated for the work schedules. On at 10:04AM in a telephone interview with the Administrator she was informed of the missing designated times for each staff shift on the facilities staffing schedules. The Administrator was informed of the insufficient staffing available to assist and supervise activities of daily living required to provide care and services for the residents. She acknowledged	A 079		

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A 079	Continued From page 56 this, and no additional information was provided. She stated that Corporate staff (located out of state) is responsible for all financial aspects of the facility. She stated, she must gain authorization to increase staffing standards and hire additional staffing. D) During the tour of the facility on . . . . observation was made of the facility's fourth floor. Observation of . . . . on . . . . . at 9:31 AM revealed an extremely profuse Marijuana smell that could be smelled into the hallway. The surveyor was attempting to observe the room and conduct an interview with the Resident(s). However, neither could be conducted as the surveyor was unable to enter the room due to the extremely heavy smell of Marijuana when the door was opened. As a result, residents who may be physical/or medically averse to its smell/or smoke, are potentially exposed. During the tour of the facility's 4th floor, observation was also made of one housekeeping staff and one care staff who also observed the smell, which was not reported to the Administrator. Due to this, no supervision or attention was made to the in-room smoking by the resident. Observation of on at 10:16 AM revealed a strong marijuana smell coming from the room. This surveyor was attempting to observe the room for bedbugs/or roaches and conduct an interview with the Residents but was unable to because of the overbearing marijuana smell. In an interview with Resident #20 on at 8:46 AM he stated to the surveyor that there are not enough staff during the night. He stated he	A 079		

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A 079	Continued From page 57 has a . . . . . and a bag which gets too full at night, and he gets no help because the staff members do not make rounds at night to check on the Residents. He stated Resident #12 must go out and find someone to help him. In an interview with the Administrator on beginning at 4:13 PM, the Administrator was asked if any residents in the facility had a Marijuana use card. She stated there is only one resident who does, but no one should be smoking in their room. This surveyor informed her that during the tour two rooms were observed to have a very heavy marijuana smell. No additional information was provided during the survey. Class I	A 079		
A 120	429.17(3) .275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written	A 120		

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A 120	Continued From page 58 accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the facility was administered on a sound financial basis in order to ensure adequate resources to meet resident needs for Ninety-Two (92) of Ninety-Two (92) Residents residing in the facility and to ensure timely payments of utilities utilized for the care and services provided to residents. As a result of the facilitys failing to operate on a sound financial basis, which allows the timely and accurate payment of utilities designed to avoid interruption of utilities/services vital to the health, safety and welfare of the Residents. The facility failed to avoid interruption of utility service(s) resulting in the inability of Residents to maintain proper hygiene, as well the production of meals that met the nutritious and dietary needs of residents. The Findings Include: A review of the Emerald Park of Hollywood's Accounting Procedures dated [redacted] documented the following: Emerald of Hollywood Park maintains records of all funds received and the source from which they come. This information is kept on the following:	A 120		

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A 120	Continued From page 59 1). FINANCIAL RECORD REPORT: This report identified income by source and expenditures by category. 2). INCOME RECORD REPORT. This report is done monthly and shows: 1.Month in which report is recorded 2. Date. 3. Amount received. 4. Explanation - source of income. 3). EXPENSE RECORD REPORT: This report is done monthly and shows: 1. Month in which report is recorded. 2. Date. 3. Amount of monies disbursed. 4. Expenses in categories - food, utilities, etc. 5. Explanation - reason for disbursement. It further stated that Funds or monies received by Emerald Park of Hollywood are used for the day-to-day operation of the above-mentioned facility, pay its staff and accommodate the Residents' personal funds will or will not be kept in the facility. Checking accounts are reconciled upon receipt of monthly bank statements and kept in a safe and secure place for review by the Agency for Health Care Administration or necessary parties (copy obtained). A review of the facility's Administrator Position Description documented the Administrator is fully responsible for community operations and quality of care. Financial stability of the community,	A 120		

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A 120	Continued From page 60 staffing practices and day-to-day operations are coordinated by the Administrator to within the operational guidelines of governmental agencies (copy obtained). On at 10:46 AM an observation was made of the facility's bathrooms located in the Eastern section of the first floor by the library/game room. Observation of both bathrooms revealed the water in the sinks did not have hot water. This surveyor allowed the water to run in both sinks for over three (3) minutes and it remained . . . In an interview with Resident #38 on . . . . . at 9:43 AM she stated there is no hot water, so she can't take a shower. In an interview on . . . . . at 10:57 AM with Resident #3 he stated the facility has no hot water, so you can't take a shower, which he does himself. He stated the gas had been off for several days. In an interview with the facility's Maintenance Director on at 10:09 AM he stated he had just discovered the previous day ( ) that there was no gas in the tank. He stated the company that provides the facility with gas had been notified the gas was out (tank empty) and was informed by them that they would come to the facility within twenty-four (24) hours and refill the tank. He further stated the kitchen appliances operate on gas and wasn't sure how the cooking was being done. In an interview with Staff D, Kitchen Manager on at 1:47 PM she stated the gas has been off for a few days, and that she cooked today's lunch with a steamer. She stated the gas	A 120		

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A 120	Continued From page 61 is on/off all the time, and that one time it was off for an entire week. This time it has been off for a few days. Therefore, the facility was unable to demonstrate that appropriate sanitation procedures were being followed. On . . . . . at 2:01 PM, observation was made of the facility's fuel storage tank located outside on the South end of the property. Observation revealed the facility's utilities (Propane Gas tank) was depleted and needed refilling. Observation also revealed that the hot water and kitchen stove used for preparing meals operate on propane gas. A review of the facility's financial records (bankstatements, utility bills, etc.) revealed the following deliquences and payment delays. a) A review of the Gas Company's Invoices received for the previous six (6) months at the facility revealed no dates of payment. However, it contained the following information: -Notice Date: . . . . . : $3,534.88 (Total Balance Past Due) -Notice Date: . . . . . : $4,651.12 (Total Past Due) -Notice Date: . . . . . : $1,442.35 (Total Past Due) -Invoice Date: . . . . . : $3,114.52 (Total Amount Due) -Notice Date: . . . . . : $1,442.35 (Total Past Due) -Notice Date: . . . . . : $4,598.82 (Total Amount Due) -Invoice Date: . . . . . : $1,758.80 (Total Past Due) -Invoice Date: . . . . . : $1,597.70 (Total Amount Due)	A 120		

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A 120	Continued From page 62 -Notice Date: . . . . . : $2,162.86 (Total Past Due) In an interview on at 2:08 PM with a representative from the gas company providing propane gas to the facility, he stated that he received a call from their dispatch today, and he was re-routed to the facility. He stated he checked all the lines and conducted a leak detection of the complete system and there were no leaks, and that the gas tank was totally empty. This surveyor asked if there was some way of monitoring the levels and he stated there is a gauge on the tank that will tell you what percentage is left. No additional information was provided. Review of the facility Group Care inspection report dated . . . . . by Department of Health revealed the facility received violations due to the facilitys water supply temperature. The Facility noted to not have hot water in the building. The Facility unable to demonstrate the water temperature levels between 100F (Fahreinheit) to 120F. b) A review of the facility's Billing & Payment History for , - , from the Electric company providing electricity to the facility documented the following: , - Electric Bill amount: $7,798.08 - Balance Due: $7,798.08 Mar 4, 2024 - Electric Bill amount: $7,116.43 - Balance Due: $7,116.43 Mar 25, 2024 - Account Became Past Due. Mar 26, 2024 - Late Payment Charge: $106.75 -	A 120		

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A 120	Continued From page 63 Balance Due: $7,223.18. , , , , , - Electric Bill amount: $8,319.28 - Balance Due: $15,542.54. , , , - Payment: $7,116.43 - Balance Due: $8,426.11. , , , , , , , - Account Became Past Due. , , , , , , , - Late Payment Charge: $126.39 - Balance Due: $8,552.50. , , , - Requested Deposit of: $20,233.00 - Balance Due: $ $28,785.61. , , , , , - Electric Bill amount: $7,683.18 - Balance Due: $36,468.79. , , , - Final Notice Issued. , , , - Payment: $8,426.11 - Balance Due: $28,042.68. , , , , , , , - Account Became Past Due. , , , , , , , - Late Payment Charge of $117.15 Balance Due: $28,159.83. , , , - Payment: $7,809.68 - Balance Due: $20,350.25. In an interview on at 2:55 PM with the entity that provides electricity to the facility, she stated the deposit of $20,350.25 had not been paid as of the time of the interview. c) A review of the facility's five previous Utility Billings from the local municipality providing water	A 120		

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A 120	Continued From page 64 service to the facility, documented charges were consistently past due, and included the following (copies obtained): Bill Date of . . . . . and Due Date: . . . . . (Past Due). Previous Balance: $5,745.61 Less Payment Received: $2,916.69 Amount Past Due: $2,828.92 Current Charges: $2,327.89 Total Amount Due: $5,185.10 Bill Date of . . . . . and Due Date: . . . . . (Past Due). Previous Balance: $363.99 Less Payments Received: $175.65 Amount Past Due: $188.34 Current Charges: $159.46 Total Amount Due: $349.68 Bill Date: . . . . . and due date of . . . . . (Past Due). Previous Balance: $5,185.10 Less Payments Received: $2,857.21 Amount Past Due: $2,327.89 Current Charges: $3,144.28 Total Amount Due: $5,495.45 Bill Date: . . . . . and Due Date: . . . . . (Past Due). Previous Balance: $5,495.45 Less Payments Received: $2,351.17 Amount Past Due: $3,144.28 Current Charges: $3,091.62 Total Amount Due: $6,267.34 Bill Date: . . . . . and Due Date: . . . . . (Past Due). Previous Balance: $320.52 Less Payments Received: $161.06	A 120		

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A 120	Continued From page 65 Amount Past Due: $159.46 Current Charges: $462.62 Total Amount Due: $623.68 d) A review of the facility's bank statements for through , revealed Web Transfers each month as follows: . . . . . : Web Transfer from the facility, to (Sister facility A) in the amount of $5,000.00. . . . . . : Web Transfer from the facility, to (Sister facility A) in the amount of $38,000.00. . . . . . : Web Transfer from the facility, to (Sister facility A) in the amount $60,000.00. . . . . . : Web Transfer from the facility, to (Sister facility B) in the amount of $8,500.00. . . . . . : Web Transfer from the facility, to (Sister facility A) in the amount of $40,000.00. . . . . . : Web Transfer from the facility, to (Sister facility A) in the amount of $1,000.00. . . . . . : Web Transfer from the facility, to (Sister facility A) in the amount of $2,000.00. . . . . . : Web Transfer from the facility, to (Sister facility B) in the amount $6,000.00. . . . . . Web Transfer to DDA (Unidentified entity) in the amount of $72,200.00 . . . . . : Web Transfer from the facility, to (Sister facility B) in the amount of $30,000.00. . . . . . : Web Transfer from the facility, to (Sister facility A) in the amount of $40,000.00. . . . . . : Web Transfer from the facility, to DDA in the amount of $10,000.00. . . . . . : Web Transfer from the facility, to DDA in the amount of $15,000.00. . . . . . : Web Transfer from the facility, to DDA in the amount of $20,000.00. . . . . . : Web Transfer from the facility, to DDA in the amount of $45,000.00. . . . . . : Web Transfer from the facility, to DDA in the amount of $30,000.00.	A 120		

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	AL11964990	A. BUILDING: _____ B. WING _____	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD PARK OF HOLLYWOOD	5770 STIRLING ROAD HOLLYWOOD, FL 33021

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A 120	Continued From page 66 . . . . . : Web Transfer from the facility, to DDA in the amount of $27,000.00. . . . . . : Web Transfer from the facility, to DDA in the amount of $5,000.00. In an interview with the Administrator on . . . . . at 3:48 PM a request was made for the invoices and payments for the facility's utility invoices (Gas, water, electric). She stated she is not involved with the financial affairs of the facility, and that the surveyor should contact their corporate office for information related to finances. Specifically, the corporate financial officer as she is responsible for receiving and paying all bills and invoices. In a telephone interview on . . . . . at 3:12 PM with the corporations Chief Financial Officer (CFO), the CFO was informed of the concerns relative to the finances of the facility. Specifically, that a review of the facility's bills received documented there was an outstanding balance, and that none of the bills documented payments in full. The CFO stated that the bills are never more than one month behind, it's okay to be a month behind, and it is subsequently paid and has never been shut off. In a telephone interview on . . . . . at 12:49 PM with the Chief Financial Officer (CFO), Chief Executive Officer (CEO), and facility President, clarification was requested regarding the Web Transfers observed in the financial documents they provided. They stated the transfers were "Inter-Company" loans to another one of their facility's (facilities A and B) because their Medicaid payments were not being received. He further stated that when there are shortages in other (facility) accounts, they loan to those other accounts. No additional information	A 120		

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A 120	Continued From page 67 regarding the transfers was provided. In an interview on . . . . . at 2:55 PM with a representative with a Florida electrical entity that provides electricity to the facility, she stated there have been late payments. She also stated that the $20,233.00 deposit that is due from the facility, is based on an average of 2 months of electric use, is not negotiable and must be paid by the deadline of . . In a telephone interview on at 3:29 PM with a representative with the local water utilities company, she stated the facility pays late (the past due amounts) but does not have a past due at this time. She stated the current bill is for $3,091.62 and is not due until . . . . . . In a telephone interview with the Administrator on at 10:04 AM she was informed that the facility failed to maintain a system of financial control for the facility, thus resulting in the untimely payment of utility services vital for use in the care and services provided to the Residents. She stated she understood, and no other information was provided. Class I	A 120		
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,	A 152		

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A 152	Continued From page 68 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 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 and interviews, the facility failed to maintain a safe and decent living environment for 92 of 92 residents. The Findings Included: During a tour of the facility on at approximately 10:30 AM to 4:00PM, the following	A 152		

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A 152	Continued From page 69 concerns were noted: a) The entire facility (kitchen, residents' rooms, bathrooms, laundry area, etc.) was observed with no hot water. b) The facility's kitchen was observed with no gas, and staff were unable to use the gas stove to cook daily meals. c) The facility's propane gas resevoir tank was observed to be depleted and needed refilling (there was no gas in the tank). d) Bedbugs and/or roaches were observed in various residents' rooms (#'s 310, 324, 334, 415, 421, 422, 424, 431, 436, 438). e) The facility's washers and dryers are not working properly and/or broken. Staff were unable to provide laundry services to the residents adequately; observed stacks of dirty laundry piled high in the laundry storage rooms. The clothing had a strong foul odor and the smell was present immediately upon entrance to the laundry room. f) Twenty-six (26) of 30 dining room chairs utilized for Residents daily dining were observed and found to be torn in multiple spots and stained on the cushions. During confidential resident interviews on and , resident revealed displeasure with the abundance of roaches and bedbugs in their room and lack of pest control treatment. The resident interviews also revealed concerns regarding the lack of hot water for usage. The interviews also revealed these have been an ongoing problem at the facility. On , the Department of Health (DOH) was present and conducted an inspection of the facility. A review of the DOH inspection report dated documented violations as temperature/supply, infestation/presence(copy	A 152		

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A 152	Continued From page 70 obtained). Additonal comments noted as the following. 1) Temperature/Supply: Observed no hot water a) Interview with the Maintenance Director (Staff M) stated hot water stopped working within the past 48 hours 2) Infestation/Presence: a) Observed live roaches in # , . Clean and area- Unsatisfactory b) Observed roaches in # , , 424, 425 - Clean and area-Unsatisfactory c) Observed bedbugs in # , , 438- Unsatisfactory. Provide bedbug treatment plan The facility based on aforementioned observations and violations, State Agency's inspection was noted as "Unsatisfactory". Additional comments noted as observed no hot water in facility. Further reveiw of the inspection report noted re-inspection for . A supplemental tour conducted on between 10 AM and 4 PM, revealed the following additional concerns. a) During an interview with Resident #27 on at 12:23 PM, it was revealed the room has roaches and that the front desk was notified and reported roach activity, but the exterminator has not responded to treat her room in the last 3 months. During an interview conducted with the Maintenance Director (Staff M) at this time, he stated they are treating the facility for roaches. Facility provided no documentation of exterminator remediation provided for . At this time, observation was made of a roach crawling on top of the microwave.	A 152		

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A 152	Continued From page 71 b) An interview with Staff L(Housekeeper Staff) on 10:58AM, revealed there is a situation with the facilitys, washers and dryers and laundry not getting done (total of 3 residential dryers and 3 residential washers). She stated 3 dryers are not working and she stated she reported this to Maintenance Director(Staff M). She stated the Maintenance Director tried to work on the dryers and informed the Corporate office the washer and dryers needed to be repaired or replaced. She stated there were piles of dirty Residen' clothes and linens, she had to throw away because they were so heavily soiled with mold, and they had a terrible smell. She stated the dryer on the second floor has been broken for a year, the washer and dryer in the Memory Care Unit works sometimes. The third floor dryer is currently broken and the fourth floor dryer has not worked since last week. Staff L stated at this time all 3 dryers are currently not working. She stated residents bathrooms are used to hang clothes to dry. c) On at 10: 36 AM, an interview with the Maintenance Director (Staff M). He stated the Corporate Office was aware of the broken dryers. He stated he is aware the facilty washers also "work on and off". He stated that the Corporate Office must authorize all purchases and vendor repairs. He stated the Administrator is aware of washers and dryers not working and wet clothes being hung in Residents rooms. d) On at 10:15AM, an interview with Resident #24 revealed he has difficulty getting hot water to his sink and shower. He stated that this has been an ongoing issue. An observation of the hot water in the sink of Resident #24's room revealed after 10 minutes the water did not get hot.	A 152		

Agency for Health Care Administration

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A 152	Continued From page 72 e) On at 10:40AM, an interview with Resident #26 revealed he has difficulty getting hot water to his sink and shower. He stated that this has been an ongoing issue. Surveyor observation of hot water at the sink revealed after 10 minutes the water did not get hot. e) On . . . . . at 11:45AM, an interview with Resident #29 revealed he has difficulty getting hot water to his sink and shower. He stated that this has been an ongoing issue. Surveyor observation of hot water at the sink revealed after 10 minutes the water did not get hot. f) On between 10:00am and 4:00pm, observed throughout the facility on each floor worn and stained carpeting. (Photographic evidence obtained). Class I	A 152		