

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER EMERALD PARK OF HOLLYWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 5770 STIRLING ROAD HOLLYWOOD, FL 33021		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced licensure Complaint survey (2024007111, 2024007331, 2024009558) was conducted through at Emerald Park of Hollywood. The facility had deficiencies related to Complaint numbers 2024007111 and 2024009558 at the time of the survey.	A 000			
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 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	A 030			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 030	Continued From page 1 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; 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	A 030			

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A 030	Continued From page 2 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 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	A 030		

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A 030	Continued From page 3 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 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	A 030			

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A 030	Continued From page 4 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. (1) 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 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	A 030			

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A 030	Continued From page 5 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. (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 record review and interview, the facility failed to provide a procedure for receiving and responding to resident complaints. The facility failed to follow grievance policy and was unable to demonstrate that such procedure is implemented upon receipt of a complaint for 2 of 2 Residents (#1, #20).	A 030	

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A 030	Continued From page 6 The findings included: Record review of facility undated grievance policy/ procedure revealed the following: 1. We have implemented a policy and procedure to ensure grievances are encouraged to be filed and promptly responded to for timely resolution in accordance with state requirements. 2. The grievance program is managed by the Executive Director. 3. Grievances may be expressed both verbally and/or in writing. 4. Any complaints or concerns will be written on a grievance form. 5. Once a grievance is filed, it will be forwarded to the appropriate department for investigation. 6. Written grievance decisions include: dates, summary statement of Resident's grievance, summary of findings, corrective actions if required and date of written decision issued. All written grievances will be reviewed by the Executive Director. During interview with Resident #1 family member on ... at 10:50 AM revealed that she called the Administrator several times over the last few months and stated there is an issue regarding her father's TV, refrigerator, and dirty linens on his bed. She also stated her father has had some personal clothing and other items taken from his room and the condition of his room needs attention. During interview with Resident #20's family member on ... at 1:05 PM she stated she made numerous grievances to the Administrator by telephone and text message regarding the number of staff available for her	A 030			

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A 030	Continued From page 7 mother's care. She also made a grievance related to lack of staff member available to receive her mother when she returned to the facility after a visit on _____ at 7:00 PM. She stated she never received a reply to any of her grievances given directly to the Administrator. During interview with the Administrator on _____ at 1:00 PM it was revealed that she did speak to the daughter of Resident #1 regarding the condition of his room, dirty linens, his TV and refrigerator, missing clothes and other items. She also stated she did speak with the daughter of Resident #20 regarding staffing concerns. She was asked to provide documentation of the grievances received from Resident #1 and Resident #20. Observation of Resident #1's # _____ on _____ revealed a ripped mattress, no sheets on the bed. Dirty and stained walls, broken bathroom tiles, hole in wall, no refrigerator and no working TV. Review of Residents belongings revealed very little clothing in his room, closet had 1 shirt hanging. During interview with Administrator on _____ at 4:40 PM she stated she does not have any documentation _____ Resident #1's grievances made by his daughter or any documentation _____ Resident #2's grievances made by her daughter. Class III	A 030		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal	A 055		

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A 055	Continued From page 8 (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and	A 055			

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A 055	Continued From page 9 abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may be disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken	A 055		

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A 055	Continued From page 10 to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to have expired medications disposed of within 30 days of being determined abandoned or expired and documented in the resident's record. The facility failed to have medication for disposal taken to a pharmacist or destroyed by the administrator or designee with one witness. The findings included: Record review of Residents #22's chart on revealed the resident was on Hospice Services and documentation in his chart revealed the Resident was prescribed Solution (100/5 ml), 0.5 mg Tablet, / 5/325 tablets. Check of medication cart revealed the medication were no longer on the cart and Medication Technician stated the nursing office removes the medications for disposal when the Resident is no longer at the facility. Record review of facility policy and procedures titled, " Medication management storage and disposal", dated , revealed the following: 1. This facility has established the following policies and procedures for medication practices in order to maintain compliance with State regulations.	A 055			

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A 055	Continued From page 11 2. The medication container will be given to the Resident or a friend or family member upon leaving the facility, with this fact noted in the Residents medication record. 3. If a Residents stay in the facility has ended, the Administrator shall return all medications to Resident, the Resident's family, or the Resident's guardian unless otherwise prohibited by law. 4. Medications which have been abandoned or which have expired must be disposed of within thirty (30) days and shall be documented in the Resident's record. Record review of Resident #22's chart on _____ revealed no notation in the chart regarding disposal of medications. The chart had no medication observation records (MOR) to review. Interview with Administrator on _____ at 4:35 PM, revealed that Resident #22's medication along with other medications are awaiting pick up by the pharmacy and are stored in the nursing office. She stated the facility is currently arranging for a new pharmacy to pick up the medications waiting to be disposed, and this has created a delay for the past few months. Requested last pharmacy pick up documentation, no documentation presented at time of survey. She also stated the Resident is no longer in the facility and is no longer in the system and she cannot provide the requested MORs for Resident #22. Observations conducted on _____ at 4:40 PM revealed 3 large open black bags of medications sitting on the floor in the nursing office. The bags are not secured in the office and all staff entering office have access to the bags. Surveyor with med-tech Staff O did go through several hundred medications waiting to be	A 055			

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A 055	Continued From page 12 disposed and were unsuccessful in locating all of Resident #22's medications (controlled substances). The following medications were found in the black bag by Staff O: 1 dose 5mg X 2 1 dose .1mg X2 1 dose 20 mg X 6 1 dose 100mg X 10 1 dose 7.5mg X 2 1 dose 150mg X 5 The following medications (Controlled Substances) were not located: - Solution 100/5ml 0.5mg Tablet 5/325 tablets During an interview on _____ at 4:40 PM with medication technician, Staff O, she stated she is not aware how long the 3 black bags of medications waiting for disposal have been sitting in the nursing office, but they have been there for the last few months. Interview with Administrator on _____ 7:30 PM she stated _____ medications are kept locked separately from other medications. Upon exiting facility Administrator did not provide any documentation of the disposal of the Residents medication. Administrator confirmed medications abandoned or expired must be disposed properly and documented in the Resident's record. Class III	A 055		

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A 152	Continued From page 13	A 152			
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside 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	A 152			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER EMERALD PARK OF HOLLYWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 5770 STIRLING ROAD HOLLYWOOD, FL 33021		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 14 be This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain a safe and appropriate living environment for 2 of 3 resident rooms (#1, #2). The census at the facility on the day of the survey was 93. The findings included: Observation on _____ found Resident #1's room (#239) to have a ripped mattress with the inside of the mattress exposed. The bed had no linens, blanket or pillow on the bed or in the room. The walls in the room were observed to be stained and dirty. The shower had broken tiles. There was a large hole in the wall. The Residents TV did not work, and the screen was cracked. Photographic evidence obtained. Observation on _____ found Resident #2's room (#437) to have broken sheet rock located beneath the bathroom sink and roaches crawling in the area. Interview with Resident #1's family member on _____ at 10:50 AM revealed she called the Administrator several times over the last few months and stated there is an issue regarding her father's TV, refrigerator, dirty linens on his bed, room is dirty and has holes in the wall. She stated she reported these many times to the Administrator and the staff. Interview with Resident #2 on _____ at 10:10 AM revealed he has told the maintenance staff about the roaches, but nothing is done. He stated he buys his own roach spray to help keep the roaches out of his room.	A 152		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER EMERALD PARK OF HOLLYWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 5770 STIRLING ROAD HOLLYWOOD, FL 33021		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 152	Continued From page 15 Interview with the Administrator on _____ at 1:00 PM revealed that she did speak to the daughter of Resident #1 regarding the condition of his room, dirty linens, his TV and refrigerator, missing clothes and other items. She produced no written documentation of the grievances received from Resident #1's daughter. During interview with Administrator on _____ at 4:40 PM she stated she does not have any documentation _____ Resident #1 missing items or grievances made by his daughter, and no documentation of Resident #2's. She was informed of the findings of the survey and acknowledged the findings, the issues identified need to be repaired and corrected. Class III	A 152			