Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964990	A. BUILDING: _____ B. WING _____	R 08/21/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced revisit to the Complaint survey (#2024003103, #2024003140, #2024003337, #2024006902) was conducted on and at Emerald Park of Hollywood. The facility had uncorrected deficiencies identified 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 telephone numbers must be posted in close	{A 030}		

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{A 030}	Continued From page 1	{A 030}		

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 must be, at a minimum, a readily accessible

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{A 030}	Continued From page 2 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 attorney in fact authorizes the administrator of the	{A 030}		

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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 resident may contact the State Long-Term Care

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{A 030}	Continued From page 4 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 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	{A 030}		

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{A 030}	Continued From page 5 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 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, provide a method by which residents can access staff (i.e. working call buttons, pendants), provide residents access to a readily accessible telephone on each floor of the building where residents reside; and to maintain individuality and personal dignity for	{A 030}		

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{A 030}	Continued From page 6 Ninety-Six (96) of Ninety-Six (96) Residents residing in the facility. The Finding Include: A review of the facility's undated Resident Binder (Resident Agreement) documented 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: -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. During a tour of the facility on beginning at 10:06 AM observation was made of the fourth floor. Observation of the laundry room (#) revealed the dryer is broken. Observation was also made of a live roach crawling on, and a roach under the folding table inside the room. Observation of the second-floor laundry room on at 11:57 AM revealed both the washer and dryer not working. Observation also revealed that the large commercial sized dryer had sheet draped across it in an effort to dry them. In an interview with the Maintenance Director on at 11:58 AM stated the housekeeping	{A 030}		

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staff has to run washed clothes up to the facility's third floor to dry them, as it is the only dryer in the facility that works.

In an interview with Resident #10 on at 10:26 AM he stated the laundry gets mixed up and they come with bugs in them. He stated the dryers are not working so they have to hang clothes up on the shower rods in their rooms.

In an interview with Resident #13 on at 10:47 AM he stated nothing has changed since the last visit by the surveyors; and that something is always broke. The Resident stated during the interview that he washes his own clothes by and does not ask the staff for anything. He also stated he cleans his own room because they don't really clean anything, so he doesn't bother.

Observation on of the telephone designated for resident use located in the alcove on the first floor of the facility revealed it was not working. In an interview with the Administrator on at 6:57 PM she stated a resident broke the phone. Specifically, Resident #3 whom she stated cuts the , and it hasn't been replaced yet.

Observation of the fourth floor by the surveyor on revealed there was no telephone in the alcove located in the Northwest section of the floor, or anywhere on the floor. As such, residents would have to use the common use telephone located on the third floor of the facility.

On at 11:40 AM an interview was conducted with Staff N, MedTech she stated to the surveyor that she uses her personnel cell phone to call for the administrator as it's easier to call from her personal phone because no one will

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{A 030}	Continued From page 8 answer if the call came from the facility phone in the memory care unit. In an interview with the Administrator on at 7:08 PM this surveyor asked how residents were able to reach staff should they have an emergency. She stated almost all of the residents in the facility have cell phones that go directly to her. And that she answers her cell phone anytime of the day and night. The Administrator also stated during the interview that residents can alert staff when they are conducting their rounds, which they do very 2-hours. This surveyor asked what the resident who do not have a cell phone would do if the staff person had just checked on them and goes into distress thereafter. She provided no direct in response. On at 3:17 PM this surveyor was informed by Resident #17 that he still has the same roommate that won't let him get any sleep. Resident #17 stated he slept in his wheelchair downstairs last night ( ). A review of the facility's Grievance Report binder revealed a Grievance dated documented there would be a roommate change. In addition, an email communication from the Administrator to Maintenance Director dated documented moving resident to another room as the Resolution. However, the resident is still in the same room. No additional entries related to the matter was observed in binder. In an interview with Resident #33 on at 6:32 PM the resident was observed sitting in his wheelchair in soiled clothing. Observation also revealed the resident's wheelchair was dirty and the protective panel on the left-side of the chair was loose, which presented the potential for harm to the resident.	{A 030}		

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{A 030}	Continued From page 9 Class II	{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 ␣ 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. (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:	{A 054}		

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{A 054}	Continued From page 10 Based on interview, and record review, the facility failed to ensure medication was given to 2 of 2 Residents as ordered (Resident #'s 6, 25), and that the medication administered is documented properly, indicating a recorded time of any missed dosages, refusals to take medication as prescribed, or medication errors. The Findings Include: A review of the facility's Assistance With Self-Administration policy dated , documented it included the following: Either a nurse or an unlicensed staff member, who is at least , , trained to assist with self-administered medication, able to demonstrate to the Administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications. Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record. A review of the facility's Medication Record policy dated , documented it included the following: For residents who receive assistance with self-administration or medication administration, the facility shall maintain a daily Medication Observation Record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record (MOR) must include the name of the resident and any known	{A 054}		

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{A 054}	Continued From page 11 that the resident may have; the name of each medication prescribed, the strength, and directions for use; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The medication observation record (MOR) must be immediately updated each time the medication is offered or administered. In an interview with Resident #25 on at 3:22 PM he stated he is having problems getting his meds. He stated he is on , and is in severe , and his are killing him. He stated he recently went 19 days without the medication and asked staff what is going on. He stated he spoke with a Russian speaking lady/doctor on Thursday, and reminded them not to let it run out, but they did. Observation by this surveyor revealed Resident #25 is a right- , . A review of the Resident's MORs for , and document , -15MG-TABS; 1 tablet by every 8 hour(s) as needed-Severe -Non-Acute . In an interview with Resident #25 on at 3:19 PM he stated he is running out of , medication. He stated in the interview at 3:22pm that getting , medication is a big problem here, and that he doesn't understand it. He stated that on Thursday he spoke with his , management doctor and informed him that something is going wrong here with the medication. He stated that in 2 months this has happened 22 times. A review of the facility file for Resident #6 revealed a script for ( ) 100 Unit/ML. 25 Units SQ daily AM. DX: E11.0 (copy obtained). Observation also revealed a script dated	{A 054}		

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{A 054}	Continued From page 12 for Lispro (Tumin) SQ three times a day (copy obtained). In an interview on at 5:12 PM with Staff O a request was made for the and MORs for Resident #6 for review. She stated Resident #6 was not in their system (Quick MAR) and pulled out a binder containing paper Medication Observation Records (MORs) from the med cart. Staff O looked through the binder and could not locate the MORs. She proceeded to leave the Nurses' Station located on the Westside of the dining room on the first floor. Approximately 6 minutes later she returned to the room and pulled out another binder. She stated she had to take them to (undisclosed location) and left the room with both binders. The requested information was not provided during the survey. On at 9:53 AM a request was made to the Administrator for the facility's Medication Practices Audit, Medication Training for Unlicensed Employees, Medication Policies to ensure they adequately address the handling of physician orders and the administration of medications. On the Administrator provided a training log documenting a 2-hour medication training had taken place. A review of the document revealed seven (7) of twelve (12) Med-Techs attended the training on (copies of training certificates obtained). And that additional training was scheduled for the week of - . However, the Administrator did not present a medication audit by a licensed Pharmacist documenting that a comprehensive internal audit involving current medication management protocols, storage	{A 054}		

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{A 054}	Continued From page 13 practices, administration records, and compliance with physician orders had been conducted. Class III	{A 054}		
{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	{A 152}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964990	A. BUILDING: _____ B. WING _____	R 08/21/2024

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 152}	Continued From page 14 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 (Residents). The Findings Included: On at 11:18 AM observation was made of the washer/dryer in the laundry room (330). During the observation a live roach was observed crawling on the folding table, and a roach observed under it. On at 10:17 AM observation was made of which revealed tiles in the shower stall was broken/or missing. The baseboards in the room were rotted/water stained, and the clothes closet doors were off the hinges and laying against the clothes inside the closet (photo evidence obtained). On observation was made of the carpet near the elevator on the Southeast side to be dirty/soiled. Additionally, the carpet throughout the 4th floor was observed to be dirty/soiled. (photo evidence obtained). On at 10:57 AM observation was made of the wall rail's endcap that missing on the wall in the Northwest section of the 4th floor. Observation was also made of soiled ceiling tiles	{A 152}		

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{A 152}	Continued From page 15 in the Northeast section of the 4th floor near the window. On at 11:24 AM observation was made of the carpet in front of # . The carpet was observed to be badly stained, and ripped, presenting a potential tripping hazard. On at 11:26 AM Observation on the area's wall railing revealed the rail's endcap was missing by . On at 11:53 AM Observation was made of which revealed wall damage by the AC power outlet under the wall (Northside of room). Observation also revealed the vinyl around the toilet was ripped and protruding upward (photo evidence obtained). On between 11:04 AM - 11:09 AM observation of the main dining room located on the first floor of the facility revealed wooden chairs with leather-like seats and backs that were ripped, presenting possible scraps/or cuts to residents or others who may use them (photo evidence obtained). On observation was made of which revealed missing sheet rock under the sink that was in need of replacing/repairing. The surveyor also observed live roaches in the Resident's room. On tour of facility revealed evidence observed of roaches in as well as in common area on 4th floor, 3rd floor, 2nd floor, and 1st floor. On observation was made of the bathroom located off the 1st floor's East corridor	{A 152}		

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{A 152}	Continued From page 16 which revealed the bathroom floor was dirty, the ceiling vent had dust, no soap and a broken towel and soap dispenser observed. Observation also revealed fecces like substance on the toilet seat and floor. On observation of the microwave on the 3rd floor in the common area by the surveyor revealed it had rust and debris inside (photo evidence obtained). On tour of facility revealed evidence observed the same condition as it was during survey on , with ceiling tiles throughout the facility and peeling paint and water stains on ceiling of facility. On at 11: 09 AM observation was made by the surveyor of Resident # in the front entrance rug was ripped and dirty, the bed had no coversheet, and the mattress was ripped. Observation also revealed a whole in the wall and the floor in the shower was dirty. On observation was made by the surveyor which revealed the water fountain on the wall in the Northeast section of the MCU which was dirty and had flies all over it. Observation also revealed the ceiling tiles in the common areas were stained (photo evidence obtained). Observation was made by the surveyor on at 11:10 AM of the main dining room located on the first floor which revealed the leather-like covering on the chair seats (bottom/ backs) were ripped (photo evidence obtained). Class III	{A 152}		