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 _____	02/06/2025

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 licensure Complaint survey (#2025001011) was conducted on through at Emerald Park of Hollywood. The facility had deficiencies identified related to licensure complaint #2025001011 at the time of the survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of	A 026		

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A 026	Continued From page 1 scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide an ongoing activities program to encourage residents in the facility to participate in social, recreational, educational, and leisure activities, for 90 out of 90 residents (Resident#1-#90). The Findings: During observations on and between 9:00 AM and 5:00PM, it was noted that no activities were conducted in the facility. Further observations revealed no activity calendar posted. During an interview on at approximately 1:00 PM with the Administrator , the facilities activity calendar was requested. The Administrator stated she does not have one. She was asked what activities would be available today, she stated that they have coloring available, and that she was in the process of hiring an Activities Director to create an activities program. During interview conducted with residents on between 9AM and 5PM, 7 of 10 Residents (4, 17, 19, 20, 21, 22, 23) revealed they were not aware of any activities, activity coordinator or a calendar of activities at the facility.	A 026		

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A 026	Continued From page 2 In an interview on at 5:00 PM with the administrator, she acknowledged the findings. The facility provided no additional information for review at this time. Class III	A 026		
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 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.	A 079		

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A 079	Continued From page 3 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 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.	A 079		

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A 079	Continued From page 4 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 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	A 079		

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A 079	Continued From page 5 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 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	A 079		

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A 079	Continued From page 6	A 079		

supervision, care and services were provided to a census of 90 residents (Resident #1-#90) that resided in the Assisted Living Facility (ALF). This directly threatens the physical, emotional health, and safety of all residents residing 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 90 residents residing at the facility.

A) Record review of facilities incident reports revealed that on at 5:00 PM a violent assault with injury occurred in Resident #1and 2's room. The incident report detailed that Staff E (Med-Tech) documented on the report: CNA reported arguing between Resident #1 and her roommate Resident #2, staff reported both parties were covered in , when staff entered both parties room.

Record review of Hollywood Police Department Incident/Investigation
Report, reported on 5:05 PM revealed Police responded to the facility in reference to a report of a stabbing. The following was documented:
On arrival officers contacted staff member (H) Resident Care Aid (RCA), who stated that she heard a heated argument coming from # . Upon further investigation staff advised that she observed (Resident #1) (victim) and (Resident #2) (suspect) fighting; the suspect was standing with her around the of the victim. Staff (H) advised that she then ran to get more staff to assist her in separating them. When

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A 079	Continued From page 7	A 079		

the witness returned the suspect still had her around the victim`s and the suspect had been stabbed by the victim. (let it be noted that the victim is confined to a wheelchair due to her health condition). Staff were able to separate the victim and suspect and secure the knife. Responding officers rendered aid to the victim and suspect until Hollywood rescue arrived. The suspect was transported to the hospital by rescue and accompanied by an officer. The suspect was treated for her injuries that were determined to not be life threatening. Staff (H) also advised that the victim is diagnosed with , , and the suspect suffers from , and . The victim complained of minor injuries and was transported to the hospital by Hollywood rescue. I observed a large amount of on the floor in the room. The victim also had the suspects on her. The victim`s was red.

Review of the Health Assessment (AHCA form 1823) dated for Resident #1 revealed a medical history and diagnosis of idiopathic , , acute , , , unspecified , , unspecified and . status is alert and orientated times 3 with generalized , and , . Activities of daily living needs are noted as supervision for ambulation, bathing, , self-care and toileting. Progress notes for Resident #1 documented the following:

1. On the Resident did wheel herself into the middle of the road and stated she wanted to kill herself and the facility placed her in the memory care unit as per the Administrator. Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility.
2. On the Resident was outside and asked a passerby to call 911 because she didn't

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A 079	Continued From page 8 want to stay at the facility and wanted to go to the hospital. She was transported to the hospital. Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. 3. On Resident #1 reported to staff that she had a physical altercation with her roommate Resident #2. Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. 4. On Resident #1 reported to staff that she has had enough of her roommate Resident #2 and wants her moved to another room. Resident #1 was offered to be moved. Neither Resident was moved. Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. 5. On Resident #1 reported to staff that she had a physical altercation with Resident #2. Staff documented on notes that Resident #1 had scratches on her . Police were notified. Resident #1 agreed to move to another room and was moved to the 3rd floor.Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. 6. On staff documented on notes that Resident #1 had a physical altercation with another Resident (not identified) and received a scratch on her and both parties will remain in the facility and told to stay away from each other. Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. 7. On staff documented that CNA reported arguing between Resident #2 and Resident #1, staff reported both parties were covered in , when staff entered both parties room. 911 called and she was removed to the hospital.	A 079		

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A 079	Continued From page 9 Review of the Health Assessment (AHCA form 1823) dated for Resident #2 revealed a medical history and diagnosis of and with status is alert and orientated times 3. Activities of daily living for Resident #2 documented as assistance for ambulation, bathing, , toileting and transferring. Review of the Progress Notes for Resident #2 documented the following. 1. On the Resident was observed with a half empty bottle of vodka and stated she was drinking and . Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. 2. On the Resident was observed coming from the store across the street from the facility with a bottle of liquor. Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. 3. On the Resident was observed drinking several beverages on the patio and needed assistance from another Resident to walk. Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. 4. On staff documented that CNA reported arguing between Resident #2 and Resident #1, staff reported both parties were covered in , when staff entered both parties room. 911 called and she was removed to the hospital. During an interview with Staff E, Med-Tech at 5:15 PM on . Staff E described the incident that occurred between residents #1 and #2 on /12024, She stated during the 5:00PM, med- pass she heard Staff H (Resident	A 079		

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A 079	Continued From page 10 Care Aide/RCA) on floor above screaming and yelling for help. She ran up to the third floor and saw on Resident #2 and observed her on Resident #1's . She stated staff H removed the knife from Resident #1's and placed it on the ground. She stated she called 911. She stated she was not aware of the Residents having any history of altercations between them. During an interview with Staff H(RCA) at 3:00 PM on . Staff H was reluctant to talk to the surveyors and stated she has no recollection of the incident. She also stated she doesn't know anything about the prior behavior of Resident #1 and #2. She stated she was assigned regularly on the Residents floor and routinely assisted them with Resident care and services. B) Record review of Residents rules and regulations contained in Residents admission packet states: 1. Violence, fighting, behavior or language toward another Resident, staff or guest will not be tolerated. 2. Residents are encouraged to inform the staff of their conflicts immediately. Resident's grievances will be conducted at monthly council meetings, unless they need immediate attention. 3. Residents are to treat staff, guests and other Residents with consideration and respect. Record review of the facilities incident log for 2025 revealed the following incidents documented: 1. On it was reported to staff I Med Tech that Resident #12 did push down Resident #13 causing a to her and . Further review of the facility's notes revealed no follow-up and/or steps of intervention	A 079		

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A 079	Continued From page 11 documented by the facility. 2. On it was reported to staff I Med Tech that an Incident with Resident roommates in arguing over loud music and recorded by staff as they need to be separated or else they are going to fight.Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. 3, On it was reported to staff I Med Tech that the roommates in (Resident #14 and #17) were arguing and the police were called. Resident #14 stated Resident #17 needs to be moved to another room. Further review of the facility's notes revealed no follow-up and/or steps of intervention documented by the facility. C) Interviews with 8 of 10 Residents on (Resident #4, 14, 17, 19, 20, 21, 22, 23) revealed there are no staff assigned or seen outside on the patio and that Residents don't feel safe. The Residents interviewed on : 1. Resident #4 at 11:15 AM stated there are no staff assigned outside on the patio and at times Residents are arguing with each other, but no staff responds. 2. Resident #14 at 3:00 PM stated the facility needs more staff and there is never any staff outside monitoring the Residents and at times there is disturbances between Residents. 3. Resident #17 at 10:30 AM stated there is a lot of arguing going on and at times he does not feel safe. He stated he has not reported this but does not see any staff taking any action to stop this behavior especially outside on the patio where there is never any staff assistance. 4. Resident #19 at 9:30 AM stated while outside on the patio he never sees staff assigned or watching them. 5. Resident #20 at 9:35 AM she does not feel safe in this facility as Residents are always yelling	A 079		

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A 079	Continued From page 12 at each other and no one watches them in the rear patio. 6. Resident #21 at 9:40 AM stated she has complained to staff of the unruly behavior of Residents, and she never sees any staff assistance inside or outside. 7. Resident #22 at 9:50 AM stated there is a lot of arguing going on and does not feel safe. He stated he has not reported this but does not see any staff taking any action to stop this behavior especially outside on the patio. 8. Resident #23 at 11:30 AM stated there is always arguing going on and the staff does not address it. She states the outdoor area is not watched by any staff and Residents go out there 24hrs a day to drink and smoke. She stated she does not feel that this is a safe environment. D) During an interview with the Administrator on at 1:00 PM, the facility staff schedule and staff timecards were requested. No staff timecards were provided at the time of the survey. The Administrator stated she could not produce copies of a written schedule for the date of the incident. The administrator stated she has not yet put a schedule together since she arrived at the facility in of 2024 and the staff know what tours(shift) they are working on a daily basis. She did at this time create a handwritten paper indicating the staff working on today's date of and provided a handwritten paper with the staff working on the day of the incident, (photographic evidence obtained) indicating there were 4 Resident Care and 2 Med- techs on duty at the time of the incident. She stated that Resident care staff are assigned to the 2nd, 3rd and 4th floors with no staff assigned to the outdoor patio area. This could not be verified by the surveyor.	A 079		

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A 079	Continued From page 13 Record review on of a handwritten schedule provided by the Administrator (Copy) revealed there are 13 Resident care staff assigned on a steady work schedule with a total 66 8-hour shifts for a total of 528 hours per week. The facility census of 90 Residents during time of survey requires a minimum of 539 direct care staffing hours. E) Observation of the facility revealed there are 4 resident floors with 1 elevator located in the center of the facility. The 1st floor has access to an outdoor courtyard located between the two wings of the building. This area is designated for Resident use 24 hours a day and is the facilities designated smoking area. Each floor consists of two wings which are separated by an open atrium which runs from the top of the building to the bottom. Each wing containing Residents rooms are separated by the open area. Multiple observations made on and of the Residents outdoor patio made from 9:45 AM to 6:00 PM revealed no staff were observed to be available to no less than 12 Residents located outside on the rear patio. Observations made on from 9:30 AM to 6:00 PM revealed no staff were observed to be available to no less than 10 Residents located outside on the rear patio. During an interview with the Administrator on at 6:15 PM it was revealed the Administrator could not produce a written work schedule that reflects its 24-hour staffing pattern for any given time period. She also stated she does not have daily work schedules of direct care staff available to residents or their representatives since she has been at the facility. The Administrator could not provide any staff schedules for the past 30 days. The administrator	A 079		

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 _____	02/06/2025

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 079	Continued From page 14 stated she understands she needs to have a written work schedule in place, and she will be working on it immediately. No schedule available at the time of the survey. Class II	A 079		