

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/03/2025
NAME OF PROVIDER OR SUPPLIER EMERALD GARDENS PROPERTIES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1012 N 72 AVENUE PENSACOLA, FL 32506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced revisit survey for the initial certification survey, which originally occurred on _____, was conducted on _____ at Emerald Gardens ALF in Pensacola, FL. A new complaint investigation was performed concurrent to this visit. Although some issues were corrected, some deficiencies remained uncorrected.	{A 000}		
{A 152} SS=E	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	{A 152}		

AHCA Form 3020-0001

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

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{A 152}	Continued From page 1 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 observations and interviews, the Assisted Living Facility (ALF) failed to maintain an environment free of hazards and failed to ensure that all existing architectural, mechanical, electrical, and structural systems were maintained in good working order. The findings include: The following issues were observed (photographic evidence was obtained of all issues listed): On _____ at approximately 10:15 AM, an observation was made of Resident's #7 room. The room had a broken cable outlet, a doorknob-sized hole in the wall, and peeling paint along the lower portion of the wall. On _____ during the initial tour of the facility, an observation was made of Resident's #8 room. The air conditioning vent has dark fuzzy buildup accumulation. On _____ during the initial tour of the facility, an observation was made of the 200-hallway common bathroom. The light switch cover appeared to be broken.	{A 152}	

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{A 152}	Continued From page 2 On at approximately 10:20 AM, an observation was made in Resident #12's room. The air conditioning vent was closed and had a dark fuzzy buildup accumulation. On at approximately 12:09 PM, an observation was made of Resident #6's shower. There was some black dry residual on the shower floor. On at approximately 1:18 PM, an observation was made of Resident #13's room. The door's paint was peeling. The air conditioning vent had dark fuzzy buildup accumulation. On at approximately 10:20 AM, an interview was conducted with Resident #12. She stated that her room's window air conditioning unit is not properly sealed around the opening to the outside. She stated that the central air system does not function and the vent has been sealed off with gray fuzzy material falling from it. Approximately 12 resident rooms were missing screens on their windows which could allow insects and rodents to enter when the windows are open, posing a risk to residents. Many window air conditioning units lacked the appropriate side panels needed to prevent the leakage of hot and air. In some cases, cardboard was used to air infiltration, making it challenging to maintain a comfortable room temperature. On around 2:30 PM, concerns regarding the physical maintenance of the building were raised with the ALF Administrator. The Administrator indicated that she has hired a new	{A 152}		

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{A 152}	Continued From page 3 maintenance supervisor and has also an outside company for maintenance work. However, there is no specific completion date for this work. Class III	{A 152}		

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