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
	AL11967671	A. BUILDING: _____ B. WING _____	C 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD GARDENS PROPERTIES, LLC	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 On 12/2/25-12/4/25, an unannounced complaint survey for complaints 2025012384 and 2025016631 was performed at Emerald Gardens Home ALF, an assisted living facility in Pensacola, FL. A revisit to a previous survey was performed concurrent to this investigation. At the time of the survey, deficient practice was found.	A 000		
A 120 SS=D	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 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:	A 120		

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A 120	Continued From page 1 Based on interviews and resident record reviews the facility failed to maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed for 7 of 7 residents. (Residents #6, #22, #27, #28, #9, #15, and #29). The findings include: On 12/03/2025 at approximately 12:57 pm, an auditor arrived to the facility to conduct a Social Security Review Audit for 7 beneficiaries being served by the facility. An audit was performed for a period of one year from 09/01/2024 through 08/31/2025. The auditor stated that they couldn't conduct the review because the facility did not have the records from the prior owner, which included the bank statements prior to April 2025. In addition, from April 2025 through August 2025, these beneficiaries did not receive personal accounts money. Some are on long term care and optional state supplement, which inludes at least $160 to be received and $261 as of 07/01/2025. There was no records that they received their funds until 08/31/25, missing 4 months of funds. The auditor stated they would need to submit this issue to the Social Security Administration and let them know records were not available. The auditor stated her supervisor was advising that this issue be reported to the Agency for Healthcare Administration, but since a survey was happening currently, this information was shared with the survey team present to be reviewed. The auditor stated that Residents #6, #22, #27, #28, #9, #15, and #29 have received their stipend since August 2025, the only months of concern	A 120		

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A 120	Continued From page 2 were April 2025 - July 2025. The Administrator said the owner has reimbursed $4000 to these residents and they have requested the accounts from the previous owner. Interviews were performed with Residents #6, #22, #27, #28, #9, #15, and #29. All of these residents expressed they are happy with their services and felt that their needs were being met. Class III	A 120		
A 165 SS=D	429.23(1-4 & 6-10) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. Death; 2. Brain or spinal damage; 3. Permanent disfigurement; 4. Fracture or dislocation of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her	A 165		

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A 165	Continued From page 3 consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) Abuse, neglect, or exploitation must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The	A 165		

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A 165	Continued From page 4 agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to report an adverse event for Resident #24. The findings include: On 12/02/2025 at approxiamtely 12:00 pm, an interview was conducted with Resident #24. He stated he had an issue with missing over $8,000, that he kept it in a black fanny pack in his room. He stated that on the night of 10/23/2025, Staff K, a Medication Technician (MT), came in his room after midnight and asked him to get into bed. He	A 165		

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A 165	Continued From page 5 added that the next morning he saw his money was gone and reported it to the Facility Manager. After this, the Administrator was asked for the incident reports for the past 3 months. The Administartor stated that there were no incident reports. On 12/2/2025 at approximately 2:00 pm, an interview was performed with the Facility Manager concerning this incident. She stated she remembered Resident #24 reporting this incident. She asked Resident #24 if he wanted to get Law Enforcement involved. He stated he did so the police were called and a police officer came to take a report. The Manager stated that no further action was taken by Law Enforcement. When asked for the police report, they stated they did not have it. After this the Administrator was asked about this incident and if it was reported, she stated she was not aware that this issue needed to be reported. She stated she would get a copy of the police report. She stated that the resident would keep large amounts of money in his room and refused to use the facility's safe to keep it secure. They investigated the accusation but could not substantiate anything. The administrator shared the police report when it was received at 3:30 pm on 12/2/25. The report stated that probable cause did not exist to pursue any further action. (Photographic evidence obtained) Class III	A 165		