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 _____	08/11/2026

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 Complaint survey (#2026005756, 2026002133, 2026003466, 2025003466) was conducted at Emerald Park of Hollywood on . Deficiencies related to complaint 2025003466 & 2026002133 were identified at the time of survey.	A 000		
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	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 054	Continued From page 1 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure the Medication Administration Record (MAR) was updated accurately and immediately after each medication pass, including documenting missed doses, for 5 of 5 sampled residents (Resident #10, 13, 15, 16 &17). The findings included: A. A review of the record for Resident #10 (Date of Admission) revealed the following: Resident Health Assessment dated 11/19/2024 listed the following ( ), HLD ( ), ( ), Type 2 ( ), NICM ( ), HFrEF EF 15% (with reduced ejection fraction), ( ). MAR for printed : Acidophilus Tab Probiotic - Blank for 8:00AM . HFA AER (12G) - Blank for 8:00AM . Blank for 5:00PM . Tab 81MG - Blank for 8:00AM . Certrizine Tab 10MG - Blank for . Tab 500MG - Blank for 8:00AM . Ferosul 325MG (Red BT #1000) - Blank for .	A 054		

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A 054	Continued From page 2 Ingrezza Cap 80MG - Blank for . Levothyroxin Tab 25MCG - Blank for . , Tab 2.5MG - Blank for . Methenam Man Tab 1000MG - Blank for 8:00AM . Blank for 5:00PM . , , Tab 5MG - Blank for . Probiotic Cap 250MG - Blank for 8:00AM . Blank for 5:00PM - , , . Spironolact Tab 25MG - HD - Blank for . Thera-tabs M Tab - Blank for . Tab 100MG - Blank for . D3 Cap 5000Unit - Blank for . B. A review of the record for Resident #13 (Date of Admission) revealed the following: Resident Health Assessment dated listed the following Medical History and Diagnoses: Major , , without , , , , Difficulty in Walking, Communication , Acute and of Unspecified Deep of the Lower Extremities, . MAR for , printed : , . Tab 2MG - Blank for 8:00AM .	A 054		

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A 054	Continued From page 3 EMU 0.05% OP - HD - Blank for 8:00AM . Blank for 5:00PM Hydroco/ Tab 5-325MG - Blank for 8:00AM Tab 45MG - Blank for 8:00AM Ult Lub Dro 0. .3% - Blank for 8:00AM C. A review of the record for Resident #15 (Date of Admission) revealed the following: Resident Health Assessment dated listed the following Medical History and Diagnoses: , Unspecified of Left Acetabulum, Protein Calorie Nutrition, with Loss of , Iron Deficiency MAR for printed listed the following: Tab 5MG - Blank for Tab 300MG XL - Blank for Tab 600MG - Blank for D3-1000 Cap 1000Unit - Blank for Tab 10MG - Blank for Tab 500MG - Blank for	A 054		

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A 054	Continued From page 4 POT Tab 20MEQ - Blank for D. A review of the record for Resident #16 (Date of Admission) revealed the following: Resident Health Assessment dated listed the following Medical History and Diagnoses: MAR for printed listed the following medication concerns: Cre 10% - Blank for 8:00AM -724, - . Blank for 12:00PM - . - . Blank for 5:00PM Inh 100-25 (6) - Blank for 8:00AM Cap 100MG - Blank for 12:00PM . Blank for 5:00PM Tab 1MG - Blank for 8:00AM . Blank for 5:00PM Oin 100000 (15GMS) - Blank for 8:00AM - - . Blank for 5:00PM - Polyeth Glyc Pow 3350 - Blank for 8:00AM Trazaodone Tab 100MG - Blank for .	A 054		

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A 054	Continued From page 5 Yupelri Sol (Do Not Open) - Blank for 8:00AM E. A review of the record for Resident #17 (Date of Admission) revealed the following: Resident Health Assessment dated listed the following Medical History and Diagnoses: ( ), ( ), DX: Toxic MAR for printed listed the following medication concerns: HFA AER (12G) - Blank for 8:00AM on . Blank for 8:00pm on Carb/Levo Tab 25-100MG - Blank for 12:00AM on . Blank for 8:00AM EMU 0.05% OP-HD - Blank for 8:00AM on . Blank for 4:00PM Daily-Vite Tab - Blank for Tab 10MG - Blank for 8:00PM on CAP 100MG - Blank for 8:00PM on	A 054		

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A 054	Continued From page 6 Tab 10MG - Blank for 8:00PM on Tab 5MG - Blank for 4:00PM on EMU 0.05% OP - Blank for 8:00AM Blank for 4:00PM Tab .25MG - Blank for 8:00AM Tab 10MG - Blank for 8:00PM 160-4.5MCG INH 120D - Blank for 8:00AM Blank for 8:00PM On at approximately 12:10pm in an interview, Resident #13 stated a couple of weeks ago the facility ran out of some of his medications. On at approximately 12:15pm in an interview, Resident #10 stated the past few days they ran out of her medication. When asked which medications, Resident #10 stated my ones. On at approximately 3:00pm in an interview, Staff C (LPN) was asked why the reviewed MARs have blanks. She stated she wasn't sure and there should always be an entry or a notation that a resident is out of the facility.	A 054		

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A 054	Continued From page 7 She stated she would look into Resident #16 and Resident #17 specifically. At approximately 3:45pm, this Surveyor sought out Staff C as she had not returned with requested information. Staff C was located but did not provide any additional information. On at approximately 5:05pm in an exit conference interview, the Administrator was advised of concerns with MAR documentation. No additional documentation was provided. Class III	A 054		