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 _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD PARK RETIREMENT LLC	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 Emerald Park Retirement LLC had deficiencies identified at the time of the complaint inspections on ..... CCR# 2012006157 - allegation was substantiated without deficiency. CCR# 2021006677 - all three allegations were substantiated. Please Note: The Complaint Inspections were conducted in conjunction with a revisit survey for Complaint #2012005195. Please refer to the separate report.	A 000		
A 030 SS=G	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) 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 Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and	A 030		

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A 030	Continued From page 1 telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida ... Hotline " 1(800)96 ... or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s ... and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall 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 shall not prohibit 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 shall be, at a minimum, an accessible	A 030		

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A 030	Continued From page 2	A 030		

telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

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.

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A 030	Continued From page 3	A 030		

(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a 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) Access to adequate and appropriate health care 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 shall be set forth in writing. 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.

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A 030	Continued From page 4 (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. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the resident's right to access adequate and appropriate health care consistent with established and recognized standards within the community for 2 of 3 sampled residents, (#4 and #5). The findings include: 1) Resident #4 was admitted to the facility on with a diagnosis of and Review of the record revealed as of he was receiving home health services for treatment of a to the left leg. Review of a Patient Communication Log from the home health agency dated documents the home health agency requires a letter of necessity from the resident's physician to continue with home health care and the Director of Nursing (DON) of the assisted living facility (ALF) is to get a letter from the physician or the patient will be discharged to the care of the physician. Review of the home health skilled nursing notes	A 030		

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A 030	Continued From page 5 dated [redacted] at 10:50 a.m. documents the treatment rendered included, " Remove soiled dressing from left lower extremity, clean with normal [redacted] apply ointment and secure with Kerlix gauze and tape. " Review of the Resident Observation Log dated [redacted] at 1:00 p.m. documents " Received report from Home Health that resident will be discharged from services today for [redacted] care to left leg. Site clean, dry, intact. Upon assessment resident still has [redacted] to left leg with redness." Review of a Patient Communication Log from the home health agency dated [redacted] documents, "spoke with DON at ALF [redacted] advising that patient has been discharged to care of MD and facility since we have not received any documentation from physician. In addition, nurse advises that patient needs to be supervised to avoid scratching legs which is her primary concern". Further review of the Resident Observation Log reveals no evidence of documentation of the condition of the resident ' s left leg until [redacted] documenting the resident has increased agitation and [redacted] to [redacted] legs. The resident was started on [redacted] on [redacted] for a diagnosis of [redacted] in addition to a podiatry consult. On [redacted] the resident was seen by the podiatrist with recommendations for a consult with [redacted] Review of the clinical record reveals no evidence a consult with [redacted] was arranged. Review of the Resident Observation Log on [redacted] and [redacted]	A 030		

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A 030	Continued From page 6	A 030		

documents the resident is taking ..... for ..... and ..... however there is no assessment of the condition of the left leg until ..... at 10:00 a.m. by the DON documenting " " Received report from resident aide that resident ' s leg doesn ' t look good. Upon assessment resident ' s left leg is red, scaly and warm to touch." Further review of the record reveals arrangements were made to send the resident for a podiatry appointment at 1:30 p.m.

The next entry in the Resident Observation Log at 2:00 p.m. states, " Received call from MD office stating resident has to be transferred to ER (emergency ..... because he has ..... and maggots in left leg.'" Documentation at 3:00 p.m. states, " spoke to representative at hospital and received report that resident in fact does have maggots and will receive treatment accordingly.'" Documentation on ..... states an investigation was initiated and on ..... documentation states, '" Investigation continues, this nurse observed ..... white worm like item in inside of sock while checking socks in ..... Also observed another inside of slipper."

On ..... at 1:30 p.m. an interview was conducted with the DON who stated the resident ' s left leg looked red and flaky and when he went to the podiatrist on ..... they did a ..... in the office and that ' s when the maggots came out. The DON confirmed they did find ..... maggots in a sock in the resident ' s hamper in his ..... The DON, during the interview on ..... at 1:30 p.m., could not explain why there had been no assessment or documentation of the resident ' s left leg for 14 days at which time maggots were discovered in the left leg .....

2) Resident #5 was admitted to the facility on

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A 030	Continued From page 7 05/19/09 with a diagnosis of hypertension and . Review of the record revealed a physician prescription dated for home health for dressing changes to the left heel daily. Review of the home health Multi-Disciplinary Communication Log dated documents " MD referral for home health care on l care order left heel ." Review of the ALF Resident Observation Log reveals no evidence of documentation of how resident #5 developed a to the left heel. Class II	A 030		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure , and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of Readmission of a resident to the facility after	A 160		

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A 160	Continued From page 8	A 160		

discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C.
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with . . . . . ' s or

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A 160	Continued From page 9	A 160		

related , a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.
(q) The facility ' s resident elopement response policies and procedures.
(r) The facility ' s documented resident elopement response drills.

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A 160	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure resident records contained an up-to-date and complete record of incidents for 1 of 3 sampled residents (#6). The findings include: Resident #6 was admitted to the facility on [redacted] with a diagnosis of [redacted] and [redacted]. Review of the clinical record Resident Observation Log revealed documentation on [redacted] the resident [redacted] and sustained [redacted] to her left side of the face, right elbow, right thumb and 3 small [redacted] to the left knee. Orders were received for home health care to follow up with the [redacted] care. Further review of the record revealed a physician order dated [redacted] for home health care for [redacted] care to a right [redacted] leg [redacted]. Further review of the clinical record reveals no evidence of documentation of how resident #6 developed a right [redacted] leg [redacted]. On [redacted] at 2:00 p.m. an interview was conducted with the DON who stated resident #6 ' s right leg [redacted] was related to a [redacted]. A request was made to the DON to provide evidence of documentation of the incident that caused the [redacted]. The DON stated she must have an incident report somewhere and proceeded to go to her office to locate the incident report. The DON came back with a copy of an Incident & Accident Report with what appeared to be dated [redacted] with a one added in front of the 5 to make it look like [redacted]. Review of the description of the incident states " Caregiver reported that she was attending to	A 160		

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A 160	Continued From page 11 another resident at activities table and resident was walking, lost balance and . . . ." The location of the injuries is documented as the left side of the face, right elbow, right thumb and 3 areas to the left knee. Review of documentation in the Resident Observation Log dated . . . states, "Caregiver reported that resident was walking around, lost balance and . . . Resident received . . . to left side of face, right elbow, right thumb and 3 small . . to left knee." There is no evidence of documentation of any injuries to the right leg. Further review of the Incident & Accident Report provided by the DON documents the date of the incident as ; reviewed by Administrator on ; reviewed by the DON on . . however at the bottom of the report the Date of the Report is documented as ; Family Member notified on at 11:40 a.m. and the Physician was notified on . . . at 12:00 p.m. On . . . at 2:15 p.m. during interview, the DON, whose name was on the Incident & Accident Report as the person preparing the report, could not explain the discrepancies in the dates on the report. Class III	A 160		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emerald Park Retirement, LLC
5770 Stirling Road
Hollywood, FL 33021

Re: CCR #2012006157 and CCR# 2012006677

Dear Administrator:

This letter reports the findings of a state licensure survey conducted on , 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A.C. Boyles, HFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924