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 Complaint Survey CCR# 2013004670 Allegation was confirmed for this complaint inspection. The Emerald Park Retirement Assisted Living Facility is not in compliance with the Requirements for Assisted Living Facilities, related to the allegation reviewed.	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 telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with Disabilities, 12-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.	A 030		

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A 030	Continued From page 1 (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 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	A 030		

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A 030	Continued From page 2	A 030		

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.
(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 or, if applicable, the resident ' s

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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.
(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

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A 030	Continued From page 4	A 030		

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 observation, record review and interview, the facility did not provide 4 out of 9 residents (residents # 1, 3, 4, and 9) adequate and proper health care for the evaluation and/or treatment of their skin conditions.

The findings are:

In an interview with the resident care supervisor (RCS) on at 10:45am, she stated that no residents in the facility have been reported to have any skin related issues during the past 4 weeks.
In an interview with the administrator at 11:20am, she stated that the facility received a report from the resident in approximately 2 days ago that there were bedbugs in his that upon inspection by the director of maintenance , none were found. She also stated at this time that resident #1 in has a history of having facial and back , and the nurse who examined his skin after his claim of bedbugs in his determined that his may be causing him to have skin discomfort and has not been seen by a physician.

In an interview with the at 11:30am, he stated that the facility received a report from the resident in approximately 1 week ago that there were bedbugs in his that upon his

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A 030	Continued From page 5 inspection, none were found. He also stated at this time that during the previous 3-4 weeks, no pest control contractor has been contacted by the facility to determine the cause of the resident reports claiming bedbugs being inside their In an interview with resident #1 on at 12:05pm, he stated that he has bites on his back, which he's not sure where they originated from, but that he saw a tiny "black thing" on his bed a couple days ago. He also stated at this time that he has an appointment to see his physician in a few days and that the facility staff "sprayed" his he reported his observation a couple days ago and that he has not seen anything after that. The resident presented to be alert and slightly at this time and was not actively scratching any parts of his body. Review of resident #1's health assessment dated on indicated that he was independent with all of activities of daily living and had diagnoses including: valve replacement, and . Further review of the resident's record indicated that a physician order dated on required him to take cream to his back, to be applied as needed, without a diagnosis stated. In an interview with resident #2 on at 11:05am, he stated that he has lived in the facility approximately 13 years and that he remembers reports of bedbugs in the facility approximately a year ago and he was never affected by this. The resident presented to be alert and oriented without any physical signs of skin issues on his exposed upper and lower extremities.	A 030		

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A 030	Continued From page 6 In an interview with resident #3 on at 11:15am, he stated that he has lived in the facility approximately 2.5 years, that the staff treats him well and that approximately 1 month ago, there were bedbugs in his He stated that the facility moved him out of the for approximately 1 week so they can treat the then he returned to his discover that the bedbugs are back again. He also stated that on he began itching on his left hand/wrist and reported this to the facility on but there has not been any action on their part since last report. The resident presented to be alert and oriented with a red discoloration to the left dorsum of his left hand/wrist consistent with an insect bite. Further observations at this time indicated that the resident had killed an insect with a white tissue paper which had 2 red stains approximately 1/8 inch in diameter each and with the white bed linens which had a red stain approximately ¼ inch in diameter. In an interview with resident #4 on at 11:30am, she stated that she experienced something biting her during the last couple nights and that her right arm itches. She also stated that she has not seen any insect or bug in her but that she has felt them in the night while in bed. The resident presented to be alert and slightly with a red discoloration to her right anterior arm consistent with an insect bite. In an interview with the facility nurse on at 12:50pm, she stated that on resident #1 complained about a that he had on his back and determined it was based on his history and examination. She stated at this time that she	A 030		

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A 030	Continued From page 7 does not know to identify a bedbug bite from any other type of insect bite, and has not responded to any other residents with skin issues in the past 3 months. In an interview with the ... on ... at 2:20pm, he stated that the facility owns a heat machine and bedbug traps that he has used in resident ... approximately 2 weeks ago even after he did not find any bedbugs there. He stated at this time that the staff member he replaced in the facility approximately 4 weeks ago, told him that the facility used the heat machine in ... since they found bedbugs there. He also stated at this time that he met with resident #3 in ... and the resident reported that he was itching last night and showed him the ... stained tissue paper and bed linens without insect carcass. In an interview with the DOH inspector on ... at 5:25pm after inspecting resident ... 415, 417, 419 and 420, she found a bedbug inside ... on the resident's bed, while the resident was not in the ... She also stated at this time that she will conduct a more thorough inspection next week and did not have an opportunity to examine the facility-owned heat machine. In an interview with resident #9 ... on ... at 5:45pm in the dining ... he stated that his ... bedbugs and that his skin itched a lot a couple of weeks ago. He also stated at this time that even though the facility sprayed his ..., he believes that there still are bedbugs left because he feels them while in bed at night. The resident presented to be alert and oriented without any signs or symptoms on his exposed upper extremities.	A 030		

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A 030	Continued From page 8 Interview with the administrator on [redacted] at 4:45pm, she stated that all affected residents have been moved to different [redacted] after inspection by the Pest Control Contractor was completed today, that all of the residents on the 2nd floor have been screened/skin checked by the nurse and found [redacted] 220, 415, 419 and 420 to have bedbugs. They also stated at this time that the Pest Control Contractor representative inspected all of the 2nd and 4th floor resident [redacted] and treatment is to begin on [redacted] Class II	A 030		
A 152 SS=G	58A-5.023(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.; and 2. Must be maintained free of hazards; and 3. Must 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 shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] 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 a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for	A 152		

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A 152	Continued From page 9 storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident . . . 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 shall be free of tears, stains and not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility did not maintain a safe and clean living environment to its residents due to its continued bed bug issues. The findings are: In an interview with the resident care supervisor (RCS) on . . . at 10:45am, she stated that no residents in the facility have been reported to have any skin related issues during the past 4 weeks. In an interview with the administrator at 11:20am, she stated that the facility received a report from the resident in . . . approximately 2 days ago that there were bedbugs in his . . . that upon inspection by the director of maintenance . . . , none were found. She also stated at this time that resident #1 in . . . has a history of having facial and back . . . and the nurse who examined his skin	A 152		

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A 152	Continued From page 10 after his claim of bedbugs in his determined that his may be causing him to have skin discomfort and has not been seen by a physician. In an interview with the DM 11:30am, he stated that the facility received a report from the resident in room 1 week ago that there were bedbugs in his room upon his inspection, none were found. He also stated at this time that during the 3-4 weeks, no pest control contractor has been contacted by the facility to determine the cause of the resident reports claiming bedbugs being inside their rooms. an interview with resident #1 on 5-2 12:05pm, he stated that he has bites on his back, which he's not sure where they originated from, but that he saw a tiny "black thing" on his bed a couple days ago. He also stated at this time that he has an appointment to see his physician in a few days and that the facility staff "sprayed" his room reported his observation a couple days ago and that he has not seen anything after that. The resident presented to be alert and slightly confused this time and was not actively scratching any parts of his body. In an interview with resident #2 (room 5-2 11:05am, he stated that he has lived in the facility approximately 13 years and that he remembers reports of bedbugs in the facility approximately a year ago and he was never affected by this. The resident presented to be alert and oriented without any physical signs of skin issues on his exposed upper and lower extremities. In an interview with resident #3 (room	A 152		

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A 152	Continued From page 11	A 152		

at 11:15am, he stated that he has lived in the facility approximately 2.5 years, that the staff treats him well and that approximately 1 month ago, there were bedbugs in his . . . . He stated that the facility moved him out of the . . . . this for approximately 1 week so they can treat the . . . . then he returned to his . . . . discover that the bedbugs are back again. He also stated that on he began itching on his left hand/wrist and reported this to the facility on , but there has not been any action on their part since last report. The resident presented to be alert and oriented with a red discoloration to the left dorsum of his left hand/wrist consistent with an insect bite. Further observations at this time indicated that the resident had killed an insect with a white tissue paper which had 2 red stains approximately 1/8 inch in diameter each and with the white bed linens which had a red stain approximately ¼ inch in diameter.

In an interview with resident #4 on at 11:30am, she stated that she experienced something biting her during the last couple nights and that her right arm itches. She also stated that she has not seen any insect or bug in her , but that she has felt them in the night while in bed. The resident presented to be alert and slightly . . . . . with a red discoloration to her right anterior arm consistent with an insect bite.

In an observation in . . . . accompanied by the . . . on . . . . at 12:00pm, the . . . . to be vacated, was currently being renovated with ladder, paint buckets inside and a heat machine. In an interview with the . . . at this time, he stated that . . . . was reported to have bedbugs by resident #5 about a week ago,

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A 152	Continued From page 12 he then inspected the [illegible] found live bedbugs on ceiling and base board and proceeded to self-treat the [illegible] the facility-owned heat machine. He also stated at this time that the resident was immediately relocated to another [illegible] that [illegible] was completely renovated by changing its carpet, base boards and throwing away all of the bedding and furniture inside of it. In an interview with the facility nurse on [illegible] at 12:50pm, she stated that on [illegible] resident #1 complained about a [illegible] that he had on his back and determined it was [illegible] based on his history and examination. She stated at this time that she does not know to identify a bedbug bite from any other type of insect bite, and has not responded to any other residents with skin issues in the past 3 months. In an interview with resident #5 on [illegible] at 3:00pm, she stated she could not remember all the events that have taken place during the past couple weeks. The resident presented to be well-gr[illegible] alert and moderately and she did not have any physical signs of skin issues on her exposed upper extremities and she was not scratching herself. In an interview with the [illegible] on [illegible] at 3:35pm, he stated that he does not have copy of the facility-owned heat machine instructions manual, but requested to have it emailed to him for review. He stated at 3:50pm that he was provided with this instructions manual and that when he used the heat machine to treat resident [illegible] for bedbugs, he used it for 3 straight days, which is contrary to the instructions manual he was just provided. Review of the facility heat machine instruction manual indicated that the	A 152		

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(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 152	Continued From page 13 machine must be used for bedbugs at a temperature range of 113-115 degrees Fahrenheit for a duration of 7 to 60 minutes. In an observation on at 1:45pm in resident #6 presented to be lying supine on her bed, resting, alert and The resident did not have any signs of skin issues on her exposed upper extremities and was not actively scratching any parts of her body at this time. Review of the facility documentation indicated that the resident was formerly in and was moved to for unspecified reasons. In an observation of at this time, it presented to be vacant. In an interview with the DM 5-2 2:20pm, he stated that the facility owns a heat machine and bedbug traps that he has used in resident room 2 weeks ago even after he did not find any bedbugs there. He stated at this time that the staff member he replaced in the facility approximately 4 weeks ago, told him that the facility used the heat machine in room they found bedbugs there. He also stated at this time that he met with resident #3 in room the resident reported that he was itching last night and showed him the blood-s tissue paper and bed linens without insect carcass. In an interview with the DOH inspector on 5-2 5:25pm after inspecting resident rooms 417, 419 and 420, she found a bedbug inside room the resident's bed, while the resident was not in the room. also stated at this time that she will conduct a more thorough inspection next week and did not have an opportunity to examine the facility-owned heat machine.	A 152		

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 152	Continued From page 14 In an interview with resident #9 on at 5:45pm in the dining , he stated that his bedbugs and that his skin itched much a couple weeks ago. He also stated at this time that even though the facility sprayed his , he believes that there still bedbugs left because he feels them while in bed at night. The resident presented to be alert and oriented without any signs or symptoms on his exposed upper extremities. Interview with the administrator on at 4:45pm, she stated that all affected residents have been moved to different after inspection by the PCC (pest control contractor) was completed today, that all of the residents in the 2nd floor have been screened/skin checked by the nurse and found 220, 415, 419 and 420 to have bedbugs. They also stated at this time that the PCC representative inspected all of the 2nd and 4th floor resident and treatment is to begin on Monday.	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Emerald Park Retirement
Administrator
5770 Stirling Road
Hollywood, Florida 33021

Dear Administrator,

This letter reports the findings of a complaint inspection survey (CCR# 2013004670) conducted on 2nd, 2013, by representatives of the Agency for Health Care Administration and Broward County Health Department. Attached is the provider's copy of the State (3020) Form, which indicates there were deficiencies noted during the inspection.

You are hereby directed to provide a written plan of correction to the Delray Beach Field Office for the deficiencies identified during the inspection, within **five calendar days** of receipt of this hand-delivered directed plan of correction (DPOC). The plan should be directed to the attention of Mrs. Tikel Wedges-Phoenix, Health Facility Evaluator Supervisor and mailed to:

Agency for Health Care Administration
Health Quality Assurance, Delray Field Office
Attention: Tikle Wedges-Phoenix
5150 Linton Blvd., Suite 500
Delray Beach, FL 33484
Phone: (561) 381 - 5840
Fax: (561) 496 - 5925

The inspection resulted in findings of non-compliance in the following areas:

1) A 0030 Resident Rights-Class II
The Assisted Living Facility failed to maintain an environment that is safe and free from bedbugs. This noncompliance possesses a direct threat to the health and welfare of residents living in the facility.

2) A 0152 Physical Environment-Class II
The Assisted Living Facility failed to maintain an environment that does not poses a risk to the resident safety and welfare. This noncompliance possesses a direct threat to the health and welfare of the residents living in the facility.

Your plan of correction must include the following:

1) Documentation of an independent treatment and maintenance program by a licensed pest control company which specializes in treatment of bedbugs.

2) A written detailed description of how the facility plans to prepare for treatment (before and after) as directed and in accordance with the licensed pest control company's protocols/instructions.

3) A written detailed plan of how the facility will ensure the safety, wellbeing and placement of the residents during the treatment process, as directed and in accordance with the licensed pest control company's protocols/instructions.

4) A written roster of all residents screened by a licensed nurse to determine any physical signs or symptoms that will warrant physician examination related to bedbug bites or skin issues. Any and all residents identified with physical signs or symptoms related to skin issues shall receive daily screenings until a physician deems them unnecessary.

5) A written roster of all residents needing physician examination for proper medical treatment related to identified bedbug bites or skin issues. Any and all medical assessments must be performed by the residents' physician within 5 calendar days of receipt of this DPOC and must include an individual resident plan of care/treatment.

6) The facility must demonstrate adherence to each resident plan of care/treatment based on their medical assessment.

7) Develop and implement a written detailed control protocol to prevent reoccurrence of bedbug infestation.

8) Conduct a training session with all facility staff regarding facility's detailed control protocol presented by qualified personnel. Documentation of all training provided by the facility must be properly documented in order to determine presenter, staff attended, related dates/times, length of session, related literature, title and subject matter presented.

9) Maintain compliance with all related Department of Health/Broward County Health Department regulations as it pertains to the facility.

Should you have any questions, please call Catherine Anne Avery, Survey and Certification Support Branch, at 850-412-4505.

Regards,

Maryanne Galerin for Arlene Mayo-Davis

Arlene Mayo-Davis, Field Office Manager

RECEIVED BY TWILA YOUNG
ON 6.4.09 @ 6.40PM.