STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	07/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emerald Park Retirement, Llc	5770 Stirling Road Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0000-Initial Comments-
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility complaint revisit survey for CCR-2103004670 was conducted on . . . . . Emerald Park Retirement Home had uncorrected deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interviews, it was determined that the facility failed to provide a safe and decent living environment for its residents to reside in.

The findings include:

1. Observation conducted on . . . . . at approximately 3:50 PM, revealed the fourth floor (north east hallway) was observed to have a strong odor of pesticide. The door to . . . was observed closed and the Pest Control Technician was noted to be completing pesticide treatment of . . . . . The door to . . . which is adjacent to . . . was observed to be open and a resident was observed to be standing in the . . . . The resident was observed to be agitated and an interview was conducted with the resident at approximately 4:08 PM.

The resident stated that she was moved to . . . . . from . . . . . and was not sure why. She stated that she was transferred at lunch time (12:00 PM). She stated that since staff placed her in the . . . has not seen or heard from anyone and she is afraid to leave the . . . . . she has nowhere else to go and no key to get back into the . . . The resident was visibly upset and stated that she was parked in the . . . . lunch time and that the . . . not been cleaned; she has no linen for the bed, no TV, no key and no reclining chair. She had requested one and stated that she could feel her . . . rising due to the transfer into this filthy . . . . .

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An interview was conducted with the Executive Director on at approximately 4:25 PM, she confirmed the findings and stated she would ensure that the resident was set up in the would get housekeeping and nursing to assist the resident promptly

Class III
Uncorrected deficiency from survey conducted on

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation, record review and interview, it was determined that the facility failed to ensure that it provided a safe and decent living environment for its residents to reside in, that is free of neglect as evidenced by continued bed bug infestation.

The findings include:

Tour of the facility was conducted on with the Director of Housekeeping the surveyor observed:
1. Residue of insect infestation along the ceiling in
2. Residue of insect infestation along the ceiling and cocoon-like casings were observed along the ceiling above the bed. White powder was observed behind the headboard on the carpeting of Observation of conducted at various times throughout the survey on , revealed the dirty carpet and walls and various items were left on the floor in the was observed to be vacant.

3. Multiple live bedbugs were observed along the floor beside the bed in The bugs were observed actively moving from the carpeted baseboard and along the wall of the

An interview was conducted with the Executive Director on at approximately 9:29 AM, she stated the facility has been actively treating the bed bug issue and she is surprised that there are still bedbugs in the facility. She stated that the facility has gone above and beyond the protocol outlined by the pest control company and that the facility has followed the plan of correction as outlined. She stated she would promptly contact the pest control company to address the issue.

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An interview was conducted with a representative from the pest control company on [redacted] at 3:52 PM, he stated that bed bugs are confirmed to be actively present in the facility and that he is now treating [redacted]. He stated that the facility's housekeeping staff has failed to follow the protocols that were established by his company for the proper treatment of bed bugs. He stated that cleaning is essential; that they did not thoroughly clean up after the heat treatment was completed and that housekeeping is critical in helping to combat the infestation of bedbugs. He stated he believes the housekeeping has been lacking as he has seen evidence of [redacted] bed bugs which should have been cleaned up and disposed of in accordance with the procedures that were outlined during the inservice given by the pest control company to the facility staff. He stated that better cleaning is needed; facility staff should be aware of proper protocols; not to wheel equipment into the [redacted] that are infested and not to take linen and other items from infested [redacted] unless they are placed in plastic bags and sealed in order to prevent transfer of the bugs to other locations within the facility. He also states that the maintenance department has also failed to do proper inspections and so did not spot and report the bed bugs in a timely manner to the pest control company.

A follow up interview was conducted on [redacted] at 4:26 PM during which the pest control technician stated that it is at times necessary that the facility in order to ensure consistent treatment to control bed bugs to include both the adjoining [redacted] and [redacted] that are across the aisle and below the [redacted] pest activity has been identified. He stated that the facility had a choice and choose not to treat [redacted] that were adjacent to the [redacted] where pest activity was initially identified. He stated that his company would gladly treat whatever areas the facility is willing to have them treat however the facility decided not to treat [redacted] as during the inspection it was observed that no active bed bugs were identified in that [redacted]. He stated that the protocols given to the facility outlines that bedbugs are not always visible during the daytime and therefore the activity may not be easily identified during the initial inspection. He stated that bedbugs do migrate and that in this case it would have been prudent to treat all the [redacted] that were along the same corridor.

An interview was conducted with a Manager of the pest control company on [redacted] at 10:49 AM, he stated that they did propose different programs to the facility and the program the facility choose was to treat [redacted] where there were identified infestations. He stated that the choice would work as the facility would work in conjunction with the pest control company in that they should report any sightings to the pest control company so that they could come out and treat. Additionally, his technicians would also do follow up visits if necessary. He stated that they had also proposed the use of the bed-bug sniffing dogs which are very accurate in identifying areas of infestation but that the facility did not choose that option in

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addition to not choosing the option of treating all the within the facility whether active infestations was identified in those or not.

The local health department was contacted on at 9:39 AM and a report was filed informing her of the presence of bed bugs within the facility. The inspector arrived at the facility at 3:12 PM. An interview was conducted with the local health department inspector at 4:20 PM on she revealed that her investigation had revealed the bed bugs were in the facility and that she had noted bedbugs on headboards and in other furniture within the facility.

Class II
Uncorrected deficiency from survey conducted on

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

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

Re: Revisit to CCR #2013004670

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 08, 2013 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2013.

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 the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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