STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	10/15/2013
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)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility Change of Ownership (CHOW) licensure survey was conducted on Emerald Park Retirement had licensure deficiencies found at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations, interviews and record reviews, the facility failed to ensure that residents were free from for 2 of 27 sampled residents (Resident #8 and #10); and failed to ensure that residents' had access to adequate and appropriate health care for 2 of 27 sampled residents (Resident #7 and #8).

The findings include:

1. During observations on at 10:40 AM in the memory care unit, Resident #8 was observed seated in a wheelchair next to her spouse, (Resident #7) in the dining/activity area and was observed to be agitated. There was a seat belt observed buckled around the resident's lap and wheelchair; the resident was observed fidgeting with the buckle. The resident was and did not respond when requested to unfasten the seat belt. In addition, the resident's toured and the resident's bed was observed to have two full side rails, one side in the up position.

On at 11:15 AM, the Executive Director observed the seatbelt and the resident's inability to release it. The staff members present, the Med Tech and the Aide for the memory care unit, both stated that the resident's spouse moves the resident in the wheelchair roughly at times and they are afraid she might out of the wheelchair, but then the staff members also said that the family must have brought in the seat belt. In addition, the Executive Director observed the full side rails on the resident's bed, and was not aware that full side rails are not permitted in assisted living. No additional information was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED 10/15/2013
NAME OF PROVIDER OR SUPPLIER **Emerald Park Retirement, Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **5770 Stirling Road** **Hollywood, FL 33021**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

provided.

2. During record review of Resident #7 and Resident #8's file, it was noted that they had been admitted together on Resident #7 was diagnosed with and . Resident #8 was diagnosed with and Major . Both residents had physician orders dated for Physical and Occupational to evaluate. The progress notes were reviewed for both residents and there was no mention of the physician's order and whether the services had been arranged. On at 9:00 AM the Resident Care Coordinator was interviewed and asked if the services had been arranged, she said she thought the home health was given the referral and would find out. On at 11:30 AM the Corporate Nurse was interviewed and stated that the home health agency was going to start services tomorrow, , but he could not explain why there was an 8 day delay in arranging the services.

3. During an interview conducted on at 10:02 AM, Resident #10 was observed lying in bed with half bedrails in the upward position. A record review conducted on , indicated a physician's order dated from hospice for half bedrails to be up while resident is in bed to assist with positioning.

Further review indicated paperwork dated establishing a family member as Resident #10's healthcare surrogate. There was no documentation reflecting that the family member consented to the use of half bedrails. An interview conducted on at 2:13 p.m., the Administrator stated that Resident #10's case manager knew about the 1/2 bedrails. The Administrator confirmed there was no documentation of consent from the Resident's health care surrogate or representative.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, interview and record review, it was determined that the facility failed to follow dietary standards that include:

(a) Meet the nutritional needs of the residents.

(b) Ensure that standardized recipes are developed and followed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	10/15/2013
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)		

(c) Ensure that the approved menu and portions are followed.

(d) Date and planned at least one week in advance.

The findings include:

During the review of the approved menu, standardized recipes and observation of the lunch meal on at 11:45 AM, the following were revealed:

1) The approved lunch menu was not followed that Lentil Soup, Garden Sandwich, Seasonal Fruit Cup, and Banana Split cake. The menu served included only Navy Bean Soup, Egg Salad Sandwich, and Applesauce. Dietary staff stated to the surveyor at the time of observation that the ingredients for the menu items were not purchased and that the menu is often not being followed.

2) Review of the approved menu noted that lunch entrée of Eggsclusive Club Sandwich failed to include a documented portion size to be served. The menu documented only "one serving". An observation of the lunch tray noted that a #12 (3 ounce) scoop of egg salad was being served. The standard serving size for the egg salad portion should have been a #8 scoop (4 ounces).

3) During the observation of the lunch tray in the main kitchen and review of the approved lunch menu for it could not be determined what the portion size of the egg salad was to be served to the residents. It was observed that production staff were not utilizing standardized recipes for the meal preparation. The surveyor requested the standardized recipe for the eggsclusive club sandwich for review. It was noted that there was not a copy of the recipe in the kitchen for production staff to utilize and following the recipe review it was determined that the recipe failed to have the required components which included the following;

(a) The recipe failed to document the portion size to be served.

(b) The recipe failed to document the ingredients which included; numbers of boiled/peeled eggs, number of bread slices of bread, amount of cooked bacon to prepare, heads of lettuce, celery, and tomatoes to prepare, amount of mayonnaise to include and amount of spices to include (salt, pepper.

(c) No documentation to ensure that the egg salad mixture is properly refrigerated to the regulatory

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	10/15/2013
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)		

requirement prior to serving.

Class III

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

Based on observations, and interviews, the facility failed to maintain a safe living environment for the residents in the memory care unit and the main dining [illegible].

The findings include:

1. On [illegible] at 10:55 AM, in the memory care unit, at the end of the long hallway there was a short hallway leading to a door labeled janitor's closet. The door was observed to be not securely closed and so when pulled open revealed a dirty chair. Outside the closet, leaning against the wall was a large door on its side, next to a housekeeping cart. There were two memory care residents observed ambulating in the long hallway, and no staff in the vicinity. In addition, the memory box on the wall outside [illegible] had a frame that was in disrepair as the corner was coming apart. Inside the edges of the separating frame a live roach was observed. On [illegible] at 11:15 AM, an interview was conducted with the Executive Director. She observed the roach in the frame. She also observed the the janitor door and attempted to securely close the janitor door, and was unable to.

2. On [illegible] at 2:20 PM during an interview with Resident #15, conducted on the second floor lounge area, the resident stated that the table lamp beside the chair he was sitting in was missing a light bulb, and was plugged in. The resident showed the surveyor that there was no light bulb, and then he unplugged the lamp. The Executive Director was observed walking down the hallway and was requested to look at the lamp. She stated she was aware there was no light bulb in the lamp, but she had left the lamp unplugged and did not know who plugged it in.

3) During the observation of the lunch meal in the main dining [illegible] at 11:45 AM and the Memory care Unit on [illegible] at 8:30 AM, the following environment issues were noted:

(a) During the observation of the lunch meal in the Main Dining [illegible] at 11:45 AM, it was noted that the floor carpeting had numerous and large black stains throughout the dining area.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	10/15/2013
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)		

Eight ceiling air conditioning vents were noted to have build-up of the thick black mold type substance.

(b) During the observation of the breakfast meal in the Memory Care Unit on [redacted] at 8:30 AM, the following were noted:

(c) Prior to the serving of the breakfast meal it was noted that the dining [redacted] and chairs had not been cleaned from the previous day dinner meal service. The 6 tables were noted to have large spill areas and soiled. The dining [redacted] was littered with trash and food debris. The 12 dining [redacted] were noted to be heavily worn and in disrepair.

4) During the Medication Observation Pass conducted in the Memory Care Unit on [redacted] at 8 AM, it was noted that large stacks of linens that included clean bathing towels, hand towels, and wash cloths were being stored on 3 soiled wheel chairs at the end of the resident hallway. During an interview with the nurse at the time of the observation revealed that the clean linens should not be stored in this manner.

Class III

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

Dear Administrator:

Re: Change of Ownership (CHOW)

This letter reports the findings of a CHOW state licensure survey that was conducted on , 2013 by representatives from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that 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 , **2013** to verify that 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 the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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