STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	07/24/2014
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service 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 licensure complaint survey, CCR # 2014004102, was conducted on . . . . . to . . . . at Emerald Park Retirement. The facility had 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, record review and interview, it was determined the facility failed to respond to a grievance, for 2 out of 11 sampled residents (Resident # 5 and #11) and to establish a grievance policy and procedure for receiving and responding to resident complaints.

The findings include:

During a tour of the facility on . . . . . at approximately 9:30 AM, observations of Resident # 11's . . . . . # . . . . found brown water stains in the ceiling down to the fire alarm strobe light against the wall (photographic image obtained). A confidential record review revealed the Resident in . . . . . was told on . . . . . that a leak in the . . . . . be fixed and the facility has not repaired it yet. A review of the facility ' s admission/discharge log revealed Resident # 11 had been discharged to a rehab center since . . . . for . . . . but expected to return to the facility. A review of the facility ' s grievance logs from . . . . through . . . . , found no grievance on file for . . . . . A review of the facility's maintenance logs from . . . . through . . . . found no documentation of repairs for . . . . .

During an interview on . . . . . with Resident # 5 in . . . . . he stated that his window cannot be locked shut. Resident # 5 stated he could not recall the dates he reported the issue, but stated he reported it 3 times and staff did not respond to his complaint. On . . . . . , observations of Resident # 5 ' s window found a glass window with a mesh screen on the opposite side. Observations found that the window has a handle that turns in a circular motion to open and close the window. The surveyor turned the handle to close the window, but the window would not close completely. A review of the facility ' s grievance logs from . . . . through . . . . , found no grievance on file for Resident # 5.

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An interview and tour of [redacted] 319 and 424 was conducted with the Maintenance Manager on [redacted] at approximately 1:20 PM. He stated he was aware of the leak in [redacted], but has not been able to fix it yet. At approximately 1:40 PM, he acknowledged the findings.

In an interview conducted on [redacted] at 1:30 PM, with the the Director of Nursing (DON), the facility's grievance policy and procedure was requested. The DON stated, at this time that the facility has a grievance log, but they currently do not have a grievance policy and procedure. The DON stated the residents are unaware of a grievance policy and procedure. She stated they were currently trying to establish a grievance policy and procedure in place for staff members and residents. On [redacted] at 1:35 PM, she acknowledged the findings and stated no further documentation was available for review.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings, for 1 out of 3 sampled staff records reviewed (Staff B).

Findings Include:

Record review of Staff B's personnel record revealed her date of hire was [redacted]. Further review revealed Staff B's file lacked documentation indicating the employee had completed 3 hours of the following in-service trainings: Activities of Daily Living and Behavioral Needs.

During an interview with the Business Office Manager (BOM) on [redacted] at approximately 12 PM, she stated Staff B took the training before she was hired. She stated the training certificate documents one hour of training. She stated she will look into other files for the completed 3 hours training. At approximately 12:35 PM, the BOM stated Staff B had 2 out of 3 hours missing for the required amount of training.

In an interview with the BOM on [redacted] at approximately 12:35 PM, she acknowledged the findings.

Class III

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

Based on observation and interview, it was determined that the facility failed to ensure that architectural and structural systems are maintained in good working order and condition. As evidenced by findings of a leak in and windows unable to be locked in and .

The findings include:

I. During a tour of the facility on starting at 9:30 AM, the surveyor observed:

1) # with evidence of a leak with brown water stains in the ceiling leading down one of the walls near the fire alarm strobe light.

2) # with broken window handle. Observations found that the window has a handle that turns in a circular motion to open and close the window. The surveyor turned the handle to close the window, but the window would not close completely.

3) # with broken window handle. Observations found that the window has a handle that turns in a circular motion to open and close the window. The surveyor turned the handle to close the window, but the window would not close completely.

II. During an environmental tour of the facility conducted with the Maintenance Manager (MM) and the Director of Nursing (DON) on at approximately 1:20 PM, the following was observed and acknowledged:

1) The Maintenance Manager stated he was aware of the problem with the window in not being able close properly but just did not get a chance to fix it. (Photographic image obtained)

2) The Maintenance Manager states he is aware of the leak in since but has not fixed it

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yet. (Photographic image obtained)

3) At 1:25 PM, Resident # 5 stated to the Maintenance Manager, the surveyor and the DON that he has told several staff about the issue with his window and it seems that no one has reported it to management. (Photographic image obtained)

III. In an interview conducted with the DON and the Maintenance Manager on at 1:40 PM, they acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014004102

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2014 thru , 2014 by a representative 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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