STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	12/23/2014
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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014009224, was conducted through at Emerald Park Retirement. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observation, interview and record review, the facility failed to ensure that a resident met the criteria for continued residency at an Assisted Living Facility (ALF), for 1 out of 3 sampled residents' records reviewed (Resident and # 3). As evidence of the facility failure to ensure a resident's Health Assessment Form (AHCA form 1823) was updated upon significant health changes and to ensure that the form was accurate and reflective of the resident's current care needs and services.

The findings include:

On a record review of Resident # 3's AHCA form 1823 revealed an admission date of and her last medical exam dated for with the following diagnosis: compression, and Further review of Resident # 3's AHCA form 1823 found no documentation completed for height and weight, physical or sensory limitations, nursing treatment requirements, and behavioral status, hospice services, and

Further review of Resident # 3's record revealed the resident is receiving Hospice care and Services for a diagnosis of and care for a right ankle start of hospice care documented as and developed a right ankle as of Resident # 3's hospice notes and physician orders indicate "skin integrity of to right ankle and monitor and assess The record review of Resident # 3's file found no new AHCA form 1823 form since her admission date documenting a significant change in health status which indicates hospice care or right ankle Further review found Resident # 3's hospice and care notes not updated consistently with dates of care provided.

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During an interview with the Administrator on at 9:30 AM, she stated Resident # 3 has a that occurred in and she was unaware of Resident # 3 still having a present . The Administrator stated that a new AHCA form 1823 should have been completed for Resident # 3 indicating that she has a and receiving hospice services. She stated the hospice staff was not communicating with staff at the facility as often as they are suppose to. The Administrator stated Resident # 3 no longer meets the criteria for residency in an assisting living facility.

In an interview with the Hospice Registered Nurse (RN) on at 10:45 AM, she stated Resident # 3 has a of the right ankle since that has not shown improvement. She stated currently, Resident # 3's right ankle is still at and they are providing care for Resident # 3 every other day. The Hospice RN stated she updates notes and assessments in Residents # 3's hospice file. Review of Resident # 3's hospice file found inconsistent dates of documentation.

In an interview on with Resident # 3's Power of Attorney (POA), he stated he is aware of Resident # 3 having a and hospice is providing care. He stated the facility communicates with him often. The POA stated when he learned that Resident # 3's was not improving, he complained to the facility and Vitas asking what could be done to improve Resident # 3's . He stated the Administrator stated Resident # 3 requires care from a hospital. The POA stated the facility sent Resident # 3 to the hospital, and currently, she is living at the ALF and a nurse from hospice is providing care for the .

On at 12:30 PM, the Administrator acknowledged the findings and stated no further documents were available for review.

Class III

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

Based on observation and interview, it was determined the facility failed to provide care and services upon a resident's request through the call light system. As evidenced by facility failure to respond to call lights in residents a timely manner.

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The findings include:

On , the Surveyor tested the call lights in 323, 324, 334, and 338. Observations on found no staff members responding to call lights during the test. The surveyor tested call lights on the 3rd floor starting at 11:30 AM and waited for a response from staff until 12:10 PM. At 12:10 PM, there was still no response from facility staff.

During an interview on at 11:50 AM with Resident # 4, she stated at times she has to wait 30 minutes for a staff member to respond to her call light.

In an interview on at 12:15 PM with the Director of Nursing, she stated when a resident uses their call light, a staff member must respond within 5 minutes. During an interview with the Administrator on at 1 PM, she acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: CCR #2014009224

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative of 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/dlt
Enclosure 2014009224

XG90

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