STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	**07/02/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Emerald Park Retirement. The facility had deficiencies found at the time of the visit.

0090 - Training - [redacted] - 58A-5.0191(11) FAC

Based on record review and interviews, the facility failed to ensure that 1 out of 3 sampled staff (Staff A) had documentation of 1 hour of training on the facility's policy and procedures regarding [redacted]

The findings include:

A record review conducted on [redacted] revealed Staff A, a certified nurse assistant was hired on [redacted] Further review revealed Staff A's file had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding [redacted] within 30 days of employment.

In an interview conducted on [redacted] at 2 PM, the Administrator and Business Office Manager acknowledged the finding.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to maintain on the premises, documentation of the existence of a power of attorney for 1 out of 2 (Resident # 6) sample resident records reviewed.

The findings include:

On [redacted], a record review of Resident # 6's resident contract found Resident # 6's contract signed and dated on [redacted] by her daughter who indicated next to her signature that she is Resident #6's power of attorney. On [redacted], Resident # 6's daughter signed and dated an addendum to Resident # 6's assisted living agreement and indicated next to her signature that she is the power of attorney. Further record review of Resident # 6's records found no documentation of the existence of a power of attorney.

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0162 Continued From page 1

On , an interview was conducted with the business office manager and the Administrator at approximately 11 am. During the interview the administrator stated she could not locate the missing information, but she is going to call Resident # 6's daughter regarding the missing documentation. At 11:05 AM, the Administrator stated Resident # 6's daughter has the documentation and a copy will be obtained for Resident 6's file. At 11:05 AM, the Administrator and the Business Office Manager acknowledged the finding.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representatives 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. **Please forward documentation of correction to the Field Office.** 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 representatives. 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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