

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED R 11/05/2018
NAME OF PROVIDER OR SUPPLIER EMERALD PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 5770 STIRLING ROAD HOLLYWOOD, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit to licensure complaint survey, CCR#2018008074 was conducted by desk review on _____ for Emerald Park Retirement (Lic#9431). The facility had an uncorrected deficiency identified at the time of the survey. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, it was determined the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) was submitted annually to the Emergency Management Division for review and approval. The findings included: a) During an interview with the facility's Administrator on _____ at 2:00 PM, he stated that he did not have a current CEMP approval letter. The Administrator was unable to locate any documentation showing an approval of the correct CEMP by the county at this time and/or the last approval date of the facility CEMP. During an interview on _____ at 1:00 PM with a county representative with the Emergency Management Division, it was revealed that the facility's CEMP was last submitted on _____ and approved on _____. It was stated that the facility has not submitted any further documentation. b) During the desk review on _____ at 10:00AM an approved CEMP was requested by phone from the Administrator. The Administrator stated they submitted the initial review and received a notice of deficiency on _____. The Administrator stated they resubmitted the 2nd review on _____ and they received a 2nd notice of deficiency dated _____ and they were given a deadline of _____; they are working on submitting the revision. On _____ at 3:30PM, the surveyor spoke to a representative from the Emergency Management Agency who stated the facility submitted the initial review on _____. They confirmed aforementioned and stated they have not received a resubmission as of today. At this time, the facility was unable to provide proof a current approved CEMP. Uncorrected		