

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED 12/13/2018
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 Relicensure survey was conducted on _____ and _____ for Emerald Park Retirement, License #9431. There were deficiencies found at the time of the survey. This survey was conducted in conjunction with licensure complaint revisit to CCR#2018008074 on the same date. See separate report for findings. 0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC Based on record review, and interview, the facility failed to appropriately determine continued residency after a significant health change (including enrollment into hospice) by having the licensed Physician or licensed Practitioner conduct a _____ to _____ assessment to determine appropriateness and that the facility could met the resident's needs, for 1 out of 2 (Resident # 10). The findings included: A review of the resident's #10 record was conducted to review the notes on Hospice. The record revealed the resident was admitted into the facility _____, based on her demographic form. A review of the Florida Health Assessment Form (AHCA 1823 form) dated _____ indicates she suffers from _____, ASHD, _____, O/A. There are no Nursing/treatment/ _____ service requirements listed on the form. Review of the Hospice Physician certification for services revealed the Resident was certified to begin Hospice services effective _____. Further review of Resident #10's file revealed that there were no additional 1823 forms completed by the Physician to capture the Hospice service or new Hospice certifying diagnosis. During a interview with the facility Director of Nursing on _____ at 1:25pm, the Director of Nursing stated that Resident #10 was sent out to the hospital, and was given hospice services during her stay. The Director of Nursing stated that she will have the resident's doctor to complete a new 1823 form to reflect the change in the resident's condition. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC		

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Based on record review and interview, the facility failed to have evidence of a negative examination and the communicable statement documented on an annual basis, for 1 out of 4 sampled staff (Administrator).

Findings included:

A review of the Administrator's personnel file (hired on) revealed there was no proof of past examination completed, nor was the communicable statement documented.

During an interview with facility administrator on at 12:14pm, it was revealed he did not receive the annual examination nor the communicable statement. The administrator stated that he will have the examination and status completed as soon as possible.

Class III

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

Based on observation, and interviews, the facility failed to provide a safe and decent living environment for 7 residents. The facility did not maintain the physical plant conditions in accordance with statute 429.28(1) (a), F.S. Eleven resident rooms were observed to have either a closet door not aligned on the hinges, to allow door to properly open and close, a crack in the tile, a broken Air conditioning unit, or an ill-fitted toilet seat.

Finding included:

During a tour of the facility on at 9:25 AM, the following conditions were observed:

- 1) 208- Closet door was not on the hinges.
- 2) 212- Closet door was not on the hinges, and cracked tile in the shower.
- 3) 215- Closet door was not on the hinges.
- 4) 234- Air conditioning unit, was disassembled, and appeared
- 5) 239- Toilet seat not the correct size, to match the toilet.

During an interview with the Director of Maintenance on at 11:35am, in regards to the physical plant issues found in the residents rooms. The Director of Maintenance stated that, he has only been employed at the facility for about three months, and that he is aware that the rooms require more upkeep, and he has been working diligently to restore the rooms, and has been spending countless

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

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hours ordering new parts and replacing items around the facility. Class III		