

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED R 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 second licensure complaint revisit survey to CCR#2018008074 was conducted on 12/13/2018, and for Emerald Park Retirement, License #9431. The facility had an uncorrected deficiency identified at the time of the survey.

This survey was conducted with the Relicensure survey on the same date. See separate report for findings.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to provide an updated Emergency Management plan that was submitted, reviewed and approved by the County annually.

The findings include:

a) During an interview with the facility's Administrator on 12/13/2018 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 12/13/2018 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 11/3/16 and approved on 11/3/16. It was stated that the facility has not submitted any further documentation.

b) During the desk review on 12/13/2018 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 12/13/2018. The Administrator stated they resubmitted the 2nd review on 12/13/2018 and they received a 2nd notice of deficiency dated 12/13/2018 and they were given a deadline of 12/13/2018; they are working on submitting the revision.

On 12/13/2018 at 3:30PM, the surveyor spoke to a representative from the Emergency Management Agency who stated the facility submitted the initial review on 12/13/2018. 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.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED R 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)		
c) On the Comprehensive Emergency Management Plan was requested and was unable to be provided by the Executive Director. The ED stated that a deficiency letter was recieved by the facility on . The defeciency letter contained a deadline to return the documents by . To date of the survey deficiency had not corrected and the plan was not returned to the County for review and approval. An interview was conducted with the ED on at 2:49 PM and he advised that he waiting on a contractor to come into the building and fix a requirement that the emergency management division required. The ED informed that the contractor was scheduled to come out to the facility the following Thursday. Class III Uncorrected		