STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	05/10/2019
NAME OF PROVIDER OR SUPPLIER **EMERALD PARK OF HOLLYWOOD**	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

A relicensure survey was conducted at Emerald Park of Hollywood from [redacted] to [redacted]. The Provider had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and staff interview, the facility failed to maintain records, for 1 of 4 sampled resident records reviewed as required for a significant change (Resident #5).

The findings included:

During an interview with the Director of the Memory Care unit, on [redacted] at 10:30AM, she identified the residents receiving any 3rd party services and special therapeutic diets. Resident #5 was not identified as receiving any of these services.

During a record review of Resident #5's file on [redacted], the Health Assessment (AHCA form 1823) that is signed and dated by a physician on [redacted], has not been updated as required for a significant change. Resident #5 receives [redacted] care services through a HHA (Home Health Agency) since [redacted]. The Health Assessment AHCA form 1823 in the resident's record does not reflect [redacted] care; [redacted] and ankle foam cushion with instructions of when it needs to be applied and to elevate the [redacted]; special therapeutic diet of mechanical soft; and [redacted] services.

Further record review of Resident #5's file, documentation found of physician' orders for [redacted] care treatment dated [redacted] to [redacted]; [redacted] and ankle cushion on [redacted]; [redacted] on [redacted] with a diagnosis of History of [redacted]; and mechanical soft diet on [redacted] with a diagnosis of [redacted]. There was no documentation of any swallowing test conducted to have the diagnosis of [redacted]. During observation of meal time, on [redacted] at 12:00 noon, Resident #5 was served a regular meal, and ate without difficulty.

During an interview with the DON (Director of Nursing) and Administrator, on [redacted] at 1:00PM, the findings were discussed. Opportunity was offered to the facility during the survey process to provide any additional information or documentation to review. Nothing further was submitted to review and the Administrator and DON confirmed the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	**05/10/2019**
NAME OF PROVIDER OR SUPPLIER **EMERALD PARK OF HOLLYWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **5770 STIRLING ROAD** **HOLLYWOOD, FL 33021**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to ensure that all unlicensed staff assist residents with self-administered medications in accordance with proper state regulatory procedures, for 3 out of 6 sampled residents (Resident # #10,and #12).

The findings include:

While observing a medication pass between the times of 9:45 AM-11:30 AM with Staff H the following was observed:

Staff H took the medication out of the med cart, took the pill from the medication package after reading the label, put the pill in the medication cup, took it to the resident, stated the name of the medication to the resident, then observed Resident #7 take the medications. Staff H failed to wash or sanitize her and failed to sign the medication observation record (MOR) after each medication assistance. This process was repeated in the same manner for Resident #10 & #12.

During an interview with the medtech on at 10:49 AM, it was stated that she does not have time to sign the MOR because the facility does not have enough staff. It was further stated, that she was rushing and forgot to sign the MOR during the medication pass.

During an interview with the Director of Nursing (DON) on at 11:36 AM regarding the medications process being incorrect. The DON stated the medtech does not normally work on the morning shift and she is not use to the flow of the AM shift. The DON stated she would oversee the medtech when passing medication to correct noncompliance.

Class III

0075 - Use of Personnel; Emergency Care ( ) - 429.255( ) FS

Based on observations and an interview, the facility failed to maintain a functioning automated external defibrillator ( ) on the premises.

The findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

In an observation on . . . . . , the facility failed to ensure the was functioning and ready for immediate use with .... pads and working .... batteries. Observation of the .... pads revealed two pads that were stuck together and could not be taken apart. When the was turned on, the signaled low battery

During an interview with the Director of Nursing (DON), she stated; she knew the defibrillator was not functioning properly six months ago due to the entire machine failing to turn on. It was further stated she ordered (date unknown) new pads and batteries but the wrong size batteries were ordered. The DON also confirmed at this time, that this was the only within the building.

The facility failed to have a functioning in place at all times within the facility in the event of an emergency. The facility also failed to order batteries in a timely and urgent manner.

During the exit conference on . . . . . at 3:12 PM with the Administrator, Regional Director and DON, the findings of the non functioning defibrillator was acknowledged and confirmed. She also confirmed the facility census was 77 residents .

Class III