Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967671	A. BUILDING: _____ B. WING _____	10/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD GARDENS PROPERTIES, LLC	1012 N 72 AVENUE PENSACOLA, FL 32506

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced bienniel licensure survey and Limited Nursing Services monitoring visit was conducted on through at Emerald Gardens. Deficient practice was identified at the time of this survey.	A 000		
A 083 SS=D	58A-5.0191(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on staff interview and employee file review the facility failed to have current First Aid cards for 1 of 3 employees working 3PM-11PM (Employee B), and failed to have current . . . . . ( ) First Aid cards for 1 of 1 employee working 11PM to 7AM	A 083		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 083	Continued From page 1 (Employee C) . The findings include: A review of the employee files indicated that Employee B, a Medication Tech (MT) worked the 3PM to 11PM shift and had a card without first aid that expires in . Employee C, an MT, worked the 11PM to 7AM shift and had a First Aid / card that expired in of 2017. On at approximately 11:25 AM, an interview was conducted with Employee D, a Registered Nurse (RN) during which she stated that none of the employees working on the 3PM to 11PM shifts had the required First Aid training. She further stated that the /First Aid cards held for all staff on the 11PM to 7AM shift had expired. She said she would stay in the facility until all staff had the necessary training. Class III	A 083		