STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967671	08/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emerald Gardens Properties, Llc	1012 N 72 Avenue Pensacola, FL 32506	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
On , 2013 an Operation Spot Check visit was conducted and deficiencies were identified at the time of the survey.

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC
Based on observation, interview and document review, it was determined the Assisted Living Facility failed to develop and implement a policy for the delivery of services in the facility by home health care services which resulted in facility's consultant nurse, and administrator being unaware of the type and frequency of the third party services and lack of coordination.

Findings include:

1) On , 2013 at 9:30, resident #3 was observed to have a large device to his left hand. (photo obtained). An interview with resident #3 at 10:52 AM was conducted and he stated the ALF staff assisted him with putting on his hand

2) On 2013 at 9:20 AM, resident #2 was observed in his wheelchair in the main living area. He was noted to have dressings to the anterior area and the dressings were not dated or initialed.

3) An interview with the ALF administrator was conducted on 2013 at 9:17 AM. She indicated that a home health care company was providing the nursing service of application for resident #3 and care for resident #2.

4) A review of the ALF's "home health notebook" revealed an omission of any Plans of Care from the home health company. The notebook contained a sign in log and but lacked indications of what services were to be provided or the frequency.

5) An interview with the home health company nurse manager was conducted on 2013 at 12:30 PM. She confirmed the plans of care for residents #2 and #3 were not in he ALF and was attempting to have the home health office fax them over. The POC was finally obtained for resident #3 and she confirmed there were no orders for care or monitoring.

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6) On , 2013 at 12:50 PM, a phone interview was concluded with the contract nurse was conducted. She indicated she was unaware what were allowable nursing services in an ALF,and was not aware of any home health services in the facility.

7) A phone interview was conducted on , 2013 at 12:15 PM with the ALF administrator and she confirmed the ALF did not have a policy related to third party services.

Class III

N276-LNS - Nursing Services 58A-5.031(1) FAC
Based on observations, interviews, document reviews, and information received from the Office of Attorney General Medicaid Fraud Control Unit (MFCU); it was determined the Assisted Living Facility failed to ensure a qualified nurse was available to provide nursing services related to glucose testing, assisting with and dosing of injections, for 3 of 8 sampled residents. (#1, #2, #3)

Findings include:

1) On , 2013 at 9:30, resident #3 was observed to have a large device to his left hand. (photo obtained). An interview with resident #3 at 10:52 AM was conducted and he stated the ALF staff assisted him with putting on his hand

An interview with the ALF administrator was conducted on 2013 at 9:17 AM. She indicated that a home health care company was providing the nursing service of application.

An interview with the home health company nurse manager was conducted on 2013 at 12:30 PM. She stated the plan of care for resident #3 did not include assisting or monitoring any or braces.

An interview with staff member #6 at 11:11 AM was conducted regarding resident #3's arm and the staff member confirmed she assisted the resident with his brace, because the resident has problems getting his finger in the brace and needs assistance placing his fingers in the groves. The staff member confirmed she was not a nurse but held the title of house keeper and personal care assistant.

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2) On 2013 at 11:00 AM, resident #1 was observed while staff member #1 (a medication technician- MT) was assisting with medications. Staff member #1 was observed inserting the needle into the flex pen, and cuieng the resident to dial the pen to 4 units. Resident #1 was unable to perform the dosing and then the staff person took the pen back and dialed the dose to 4 units.

3) A report dated 2013, was received from the Medical Investigator from MFCU revealed the following:

A medication pass observation was conducted at 9:15 AM with Staff member #1 and a review of the 2013 Medication Observation Record (MOR) for Resident #2 The MOR documented 2 times a week at 6 am on Monday and Friday". MOR dated revealed the initials for staff #3 documented as completion of this task.

An interview with staff member #1 at the time of the medication pass revealed that this task was completed by the MT's on the night shift at 6 am. Staff member #1 reported that the initials for the staff who signed the MOR was staff member #3. He reported that he did not routinely complete as it was customary to have them completed by the night shift.

4) A review of the Glucose Flow Sheet for resident #2 revealed on at 6 am the sugar was documented by staff with initials for staff #3 as 95; on at 6 am, and on at 6 am the sugar was documented by staff #3 as 77. An interview with Resident #2 at 11:01 AM confirmed the medication technicians were conducting his glucose testing.

5) On 2013 at 12:50 PM, a phone interview was conducted with the ALF's contracted nurse. She indicated she was unaware what were allowable nursing services in an ALF,and was not aware of any home health services in the facility, that unlicensed staff performing glucose testing,or assisting with She stated her role was to perform testing for residents and staff and worked full-time at a medical center.

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N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on observations, interviews, document reviews, and information received from the Office of Attorney General Medicaid Fraud Control Unit (MFCU); it was determined the Assisted Living Facility failed to either employ or contract with a licensed nurse. This failure resulted in unlicensed staff performing nursing services in the Assisted Living Facility (ALF).

Findings include:

1) On , 2013, a senior investigator from MFUC provided a contract for review. A review of the "Consulting Nurse Agreement," dated , 2012 (effective for 1 year-therefore expired) revealed the Registered Nurse would have the following
review business records
review resident records
review doctor's treatment or medication orders
internal risk management relating to resident care and self-administration of medications
physical examination of residents and other staff
notify the administrator of any non-compliance or deficiencies
take corrective actions necessary for compliance

2) On , 2013 at 12:50 PM, a phone interview was concluded with the contract nurse was conducted. A review of the of the RN" was read to the nurse. She indicated she had not "read the fine print," and did not provide those services to the ALF, but did conduct testing for residents and staff. The nurse also stated she was not aware of the attached listing affixed to her contract listing the Florida Administrative Code 58A-5.014 listing all the nursing services allowable in the ALF. She indicated she was unaware what were allowable nursing services in an ALF,and was not aware of any home health services in the facility, that unlicensed staff performing glucose testing,or assisting with

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emerald Gardens Properties
1012 N 72 Avenue
Pensacola, FL 32506

Dear Administrator:

Re: Operation Spot Check

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162