STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965659	12/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emerald Gardens Inc.	2159 McMullen Booth Road Clearwater, FL 33759	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

Assisted Living Facility

An unannounced abbreviated biennial licensure survey with extended congregate care (ECC) and limited mental health (LMH) services was conducted on .

The Emerald Gardens assisted living facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have personnel files which contained a free from communicable statement signed by a health care provider for one (#B) of four direct care staff sampled for free communicable statements.

The facility failed to have personnel files which contained annual examination for one (#C) of four direct care staff who were sampled for examinations and two (#A & #D) of four direct care staff who had tested positive on the test. Staff #A and staff #D must submit a health care provider's statement that the individual does not constitute a risk of communicating annually.

Findings Include:

Record review of staff #B's personnel file on revealed there was no free from communicable statements signed by a health care provider. Staff #B had been hired on and she had thirty days to acquire the statement.

Record review of staff #C personnel file on revealed she had a examination done on , but there was no documentation in her personnel file for 2014. The examination must be done annually.

Record review of staff #A personnel file on revealed she had tested positive on the test and had received a chest x-ray on . Staff #A must submit a health care provider's statement that the individual does not constitute a risk of communicating annually. This statement was not found in her personnel file for 2013 and 2014.

Record review of staff #D personnel file on revealed she had tested positive on the test and had received a chest x-ray on . Staff #D must submit a health care provider's statement that the individual does not constitute a risk of communicating annually. This statement was not found in her personnel file for 2014.

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When interviewed on [redacted] at 2:15 p.m., the administrator verified the required documentation of a communicable disease statement (#B) and the [redacted] examination results(#A,#C, & #D) were not in their personnel files.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Emerald Gardens Inc.
2159 McMullen Booth Road
Clearwater, FL 33759

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with an extended congregate care (ECC) and a limited mental health (LMH) monitoring visit that was conducted on 2014 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 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Kaufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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