STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965659	01/11/2017
NAME OF PROVIDER OR SUPPLIER **EMERALD GARDENS INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2159 MCMULLEN BOOTH ROAD** **CLEARWATER, FL 33759**	

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

0000 - Initial Comments

Assisted Living Facility

On 11, 2017, a biennial re-licensure survey was conducted at Emerald Gardens, Inc. Deficient practice was identified during the survey. The Extended Congregate Care (ECC) portion of the survey was waived.

(License # 9997)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview and record review, the facility failed to ensure that residents' medical records were secure for 1(Resident #2) of 2 sampled resident residing at the facility; and 10 (#10, #11, #12, #13, #14, #15, #16, #17, #18, #19) closed resident records found in the hallway floor of the second floor. Additionally, the facility failed to provide proof that resident rights were included in residential agreements or discussed with residents/responsible parties for 2 (Resident #2 and Resident #7) of 2 residential agreements reviewed.

Findings included:

During tour of the second floor, conducted on / / at 9:17 AM., an uncovered box containing residents ' medical record was observed, in the hallway of the 2nd floor, at the entrance of the stairs. Further investigation revealed that the uncovered box contained medical records for current resident #2 and discharged residents #10, #11, #12, #13, #14, #15, #16, #17, #18, #19.

During interview with Administrator, on / / at 9:36 AM, the Administrator stated that the records are of previous residents. The administrator stated that they left the records in the hallway of the second floor the night prior (/ '), and that they were aware that resident records are not supposed to be on the hallway floor.

A review of residential agreements for Resident #2 and Resident #7 showed a lack of proof that the Resident Bill of Rights was discussed with the residents or responsible parties. Administrator was interviewed at 4:43 PM on / / and stated that they were not aware that this proof was required in residential agreements.

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Class III

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

Based on observation and interview, the facility failed to ensure that unlicensed staff assisted residents with self-administration of medications in accordance with Section 429.256 F.S. for 1 (Resident #8) of 3 residents observed during a medication review.

Findings included:

A medication review was conducted on / / beginning at 11:53 AM. A review of Resident #8 ' s medication observation records (MORs) showed the medication: 0.25 MG Tablet- Take 1 tablet by mouth before lunch and 5 PM. Staff A was observed bringing the medication to Resident #8 in a cup and pouring the medication in to the resident ' s mouth without the resident touching the cup or the medication.

Staff A was interviewed at 12:10 PM on / / concerning the observation of administering the medication to Resident #8 instead of assisting with self-administration. Staff A acknowledged that they administered the medication to Resident #8.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, the facility failed to ensure that (1) one of one medication cart, and one of two refrigeration units, used to store medications were locked and inaccessible to residents and visitors, and; (2) dispose of abandoned expired medication, belonging to former resident (Resident # 9).

Findings included:

1. Upon touring the facility on / / at 09:10 a.m., a medication cart was observed unlocked. Further investigation revealed that the medication cart contained medications that belonged to the residents of the facility.

During an interview with Staff A on / / at 9:13 AM, they were made aware of the unlocked medication cart. Staff A confirmed the observation, locked the medication cart, and confirmed that the medication cart should not be left unlocked and unattended.

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2. During a tour of the second floor conducted on 01/11/2017 at 9:17 AM., a small refrigeration unit, with no locking device, was observed with two bottled liquid medications. Both bottles were labeled with Resident #9 ' s name. The labels on both bottles revealed that both medications expired of 2014. During an interview Administrator conducted on / / at 12:20 PM., they stated that the two bottles in the refrigeration unit upstairs belonged to former Resident #9. Administrator confirmed that the refrigeration unit on the second floor was not to be used for medication storage, and confirmed the expiration dates on the labels. The administrator was observed pouring the contents of the bottles down the sink with running water and discarding of the bottles.

A review of the facility's "Policy for Storage of Medication," established that centrally stored medications are kept in a locked storage cabinet, and accessible only to the staff responsible for supervision of self-administration.

Class III

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

Based on interview and record review, the facility failed to provide proof of a written statement from a health care provider, within 30 days of employment, documenting that the individual does not have any signs or symptoms of a communicable (Communicable Statement) for 2 (Staff A and Staff B) of 3 employee records reviewed. Additionally, the facility failed to provide evidence of a negative examination documented on an annual basis (Exam) for 1 (Administrator) of 3 employee records reviewed.

Findings included:

A review of employee records conducted on / / showed Administrator with a date of hire of 2001, Staff A ' s date of hire of / , and Staff B ' s date of hire of / .

The review of Staff A ' s and Staff B ' s record showed a lack of Communicable Statements. A review of the employee record for Administrator showed a lack of a current Exam.

Administrator was interviewed beginning at 2:21 PM on / / concerning the lack of Communicable Statements for Staff A and Staff B and the lack of a current Exam in Administrator ' s record. Administrator acknowledged the missing documentation in the 3 employee records.

Class III

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0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to provide proof of in-service training for staff that provided direct care to residents, within 30 days of employment, for 2 (Staff A (Incident Reporting) and Staff B (emergency procedures)) of 3 employee records reviewed.

Findings included:

A review of Staff A;s employee record showed a date of hire of and a lack of training in the topic of reporting major and adverse incidents (Incident Reporting).

A review of Staff B ' s employee record showed a date of hire of / and a lack of training in the topic of facility emergency procedures (Emergency Procedures).

Administrator was interviewed on / / beginning at 2:21 PM concerning the lack of training certificates for Staff A concerning Incident Reporting and Staff B for Emergency Procedures. Administrator acknowledged the lack of training certificates in Staff A ' s and Staff B ' s record.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to provide proof of training in the topic of /acquired deficiency (/ Training), within 30 days of employment, for 2 (Staff A and Staff B) of 3 employee records reviewed.

Findings included:

A review of employee records showed Staff A had a date of hire of and Staff B had a date of hire of . The review of both employee records showed revealed a lack of certificates in / Training.

Administrator was interviewed on / / beginning at 2:21 PM concerning the lack of / Training for Staff A and Staff B and acknowledged that there were no training certificates.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

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Based on interview and record review, the facility failed to provide proof of first aid and training (First Aid/ Training) for 1 (Staff B) of 3 employee records reviewed.

Findings included:

A review of Staff B ' s employee record showed a date of hire of and a lack of proof of First Aid/ Training.

Administrator was interviewed at 2:46 PM on / / and stated that Staff B works alone in the facility at times. Administrator acknowledged that there was no proof of First Aid/ Training in Staff B ' s record.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on interview and record review, the secured facility failed to provide proof of 4 hours of initial training, within 3 months of employment, in the topic of ' s and related (ADRD Level 1) for 1 (Staff A) of 3 employee records reviewed. Additionally, the facility failed to provide proof of an additional 4 hours of training entitled " ' s and Related Level II Training " (ADRD Level 2), within 9 months of employment, for 1 (Administrator) of 3 employee records reviewed.

Findings included:

A review of employee records showed Staff A ' s date of hire as and Administrator ' s date of hire of , 2001.

A review of Staff A's record showed a lack of a training certificate for ADRD Level 1. A review of Administrator's record showed a lack of a training certificate in ADRD Level 2.

Administrator was interviewed on / / beginning at 2:21 PM concerning the lack of training certificates for ADRD Level 1 in Staff A's record and the lack of ADRD Level 2 in Administrator's record and acknowledged that they were not there.

The facility advertises special care to residents with .

Class III

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0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to show proof of training in the facility ' s policy and procedures regarding (Training), within 30 days of employment, for 1 (Staff B) of 3 employee records reviewed.

Findings included:

A review of Staff B ' s record showed a date of hire of / and a lack of a certificate in Training.

Administrator was interviewed on / / beginning at 2:21 PM concerning the lack of proof of Training for Staff B. After reviewing Staff B ' s record, Administrator acknowledged that it was not there.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on interview and record review, the facility failed to maintain and provide orders for a therapeutic diet and crushing of medication for 1 (Resident #2) of 2 sampled residents.

Findings included:

A review of Resident #2 ' s record revealed that there were no orders in the resident ' s chart that addressed crushing of medications or Resident #2 ' s current therapeutic diet.

During an interview with Staff A on / / at 3:04 PM., they stated that they have not seen orders to crush Resident #2 ' s medications, or for pureed diet during their employment at the facility. Staff A confirmed that Resident #2 ' s medication was crushed and mixed with apple sauce because they have a hard time swallowing.

During an interview with Administrator on / / at 4:05 PM., they confirmed that the AHCA Form 1823 from Resident #2 ' s admission did not address resident ' s therapeutic diet, and confirmed that there were no orders in Resident #2 ' s records for crushing medications, or therapeutic diet. Administrator stated that the original therapeutic diet order was placed on the kitchen wall for the kitchen staff. The administrator stated that they did not know what happened to the dietary order.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2017, by representative(s) of this office. The Extended Congregate Care (ECC) survey was waived.

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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1161
AHCA.MyFlorida.com

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

for Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90