

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EPWORTH VILLAGE RETIREMENT COM

**5300 West 16 Avenue
HIALEAH, FL 33012**

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A 000	Initial Comments A Moratorium monitoring and a Complaint survey #2021003542 was conducted Epworth Village Retirement on _____ through _____. A deficiency was identified at the time of the survey.	A 000		
A 030 SS=D	59A-36.007(6) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96- _____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 030	Continued From page 3 resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making _____ for health care services, the provision of or arrangement of transportation to health care _____, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally _____, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and	A 030		

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A 030	Continued From page 4 provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (I) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are	A 030		

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A 030	Continued From page 5 kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . or . . . under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a safe and decent living environment for one of seven sampled residents (Resident #1). The facility failed to prevent the loss of personal items. Findings Include:	A 030		

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A 030	Continued From page 6 A review of the facility's grievance log showed Resident #1's son filed a complaint on Resident's son alleged that jewelry was stolen while resident was out of the facility for a period from to to hospital. Record review showed Resident #1 showed was admitted to the facility on and on under hospice services at the facility. The contract signed on showed "The facility is not responsible for the loss of any personal property of the resident from any cause." Review of the facility's investigation showed Resident #1's son's wife was allowed to go inside resident's apartment to search for the alleged missing jewelry. The resident's son filed a police report, and the facility interviewed three staff that worked on the three different shifts. In addition, the facility documented that the police came and conducted an investigation. The police interviewed Resident #1's private caregiver and facility's staff. There was no documentation about the outcome of the police investigation. Interviewed on at 12:20 PM, the Administrator stated they encouraged the residents and/or their representatives not to bring items of great value to the facility. In addition, the resident could have a locked safe to store their valuable items. She said the facility did not take inventory of resident's personal property at the time of the admission. She stated the facility closed residents' apartments and posted a sign on their front doors to inform the staff that the tour was not necessary when the resident was out the facility due to hospitalization or with their family members. She further stated that the units remained on the master key system and	A 030		

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A 030	Continued From page 7 accessible to all staff who had a master key, although they were not supposed to enter the unit. She stated the staff was retrained regarding , neglect and , on after the complaint received by Resident #1's son. Interviewed on at 9:51 AM, the Administrator and Risk Manager stated they revised the facility 'policies and procedures regarding missing personnel properties after they received a complaint from a resident's family members during the "Quality Assurance" meeting. They said 'We put all the items in place to follow with the grievance. We are going to change the resident's locks and the keys will be kept in administrator's office when a resident will be out of the facility for hospitalization or out-on -pass. We were in the process to implement the updated policies and procedures. We spoke with resident's family members regarding the updated policies over the phone, but the policies are not signed by any resident or family member at this time.' Class III	A 030		

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(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 030	Continued From page 5 kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . or . . . under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a safe and decent living environment for one of seven sampled residents (Resident #1). The facility failed to prevent the loss of personal items. Findings Include:	A 030			

Agency for Health Care Administration

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A 030	Continued From page 6 A review of the facility's grievance log showed Resident #1's son filed a complaint on Resident's son alleged that jewelry was stolen while resident was out of the facility for a period from to to hospital. Record review showed Resident #1 showed was admitted to the facility on and on under hospice services at the facility. The contract signed on showed "The facility is not responsible for the loss of any personal property of the resident from any cause." Review of the facility's investigation showed Resident #1's son's wife was allowed to go inside resident's apartment to search for the alleged missing jewelry. The resident's son filed a police report, and the facility interviewed three staff that worked on the three different shifts. In addition, the facility documented that the police came and conducted an investigation. The police interviewed Resident #1's private caregiver and facility's staff. There was no documentation about the outcome of the police investigation. Interviewed on at 12:20 PM, the Administrator stated they encouraged the residents and/or their representatives not to bring items of great value to the facility. In addition, the resident could have a locked safe to store their valuable items. She said the facility did not take inventory of resident's personal property at the time of the admission. She stated the facility closed residents' apartments and posted a sign on their front doors to inform the staff that the tour was not necessary when the resident was out the facility due to hospitalization or with their family members. She further stated that the units remained on the master key system and	A 030		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EPWORTH VILLAGE RETIREMENT COM

**5300 West 16 Avenue
HIALEAH, FL 33012**

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A 030	Continued From page 7 accessible to all staff who had a master key, although they were not supposed to enter the unit. She stated the staff was retrained regarding , neglect and , on after the complaint received by Resident #1's son. Interviewed on at 9:51 AM, the Administrator and Risk Manager stated they revised the facility 'policies and procedures regarding missing personnel properties after they received a complaint from a resident's family members during the "Quality Assurance" meeting. They said 'We put all the items in place to follow with the grievance. We are going to change the resident's locks and the keys will be kept in administrator's office when a resident will be out of the facility for hospitalization or out-on -pass. We were in the process to implement the updated policies and procedures. We spoke with resident's family members regarding the updated policies over the phone, but the policies are not signed by any resident or family member at this time.' Class III	A 030		