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
	AL11910916	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPWORTH VILLAGE RETIREMENT COM	5300 West 16 Avenue HIALEAH, FL 33012

(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 A Compliant Investigation (CCR # 2012008773) was conducted at Epworth Village Retirement Community, an Assisted Living Facility, on . The complaint was unsubstantiated. At the time of the investigation one deficiency unrelated to the complaint identified.	A 000		
AE206 SS=D	58A-5.030(7) FAC ECC - Service Plans (7) SERVICE PLANS. (a) Prior to admission the extended congregate care supervisor shall develop a preliminary service plan which includes an assessment of whether the resident meets the facility ' s residency criteria, an appraisal of the resident ' s unique physical and psycho social needs and preferences, and an evaluation of the facility ' s ability to meet the resident ' s needs. (b) Within 14 days of admission the congregate care supervisor shall coordinate the development of a written service plan which takes into account the resident ' s health assessment obtained pursuant to subsection (6); the resident ' s unique physical and psycho social needs and preferences; and how the facility will meet the resident ' s needs including the following if required: 1. Health monitoring; 2. Assistance with personal care services; 3. Nursing services; 4. Supervision; 5. Special diets; 6. Ancillary services; 7. The provision of other services such as transportation and supportive services; and 8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences. (c) Pursuant to the definitions of " shared	AE206		

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AE206	Continued From page 1 responsibility " and " managed risk " as provided in Section 429.02, F.S., the service plan shall be developed and agreed upon by the resident or the resident ' s representative or designee, surrogate, guardian, or attorney-in-fact, the facility designee, and shall reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident ' s service needs and preferences. (d) The service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident ' s physical or mental status, or pursuant to recommendations for modifications in the resident ' s care as documented in the nursing assessment. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide an Extended Congregate Care (ECC) service plan for 1 resident (Resident #1) of 1 resident discovered to receive ECC services. The findings include: An interview was conducted with the facility ' s Assistant Director of Nursing (ADON) and the Administrator on at 12:33 p.m. The ADON was asked if Resident #1 received ECC services. She replied by saying Resident #1 is not receiving any ECC services at the facility. The Administrator chimed in and stated the facility did not have any residents receiving ECC services at present date. When asked what services Resident #1 receivies at the facility, the ADON mentioned the nurses at the facility assist Resident #1 with caring for his bag. She went on to say, " [Resident #1] has declined ever since he went to the hospital. We contacted	AE206		

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AE206	Continued From page 2 his significant other about the change in status, his change of level of . " . Resident #1 ' s chart was requested for a record review. A review of the chart revealed a Treatment Administration Record (TAR). The TAR showed Resident #1 received care for his bag on a daily basis from - ., with the exception of , by LPN staff members. The TAR also revealed Resident #1 received care for his sacral area from - and - by the LPN staff at this facility. An ECC service plan was not located in Resident #1 ' s chart. On a copy of Resident #1 ECC service plan was requested. The ADON handed the surveyor a copy of page #5 (Services Offered or Arranged by the Facility for Resident) from Resident #1 ' s Health Assessment form. The form states, " This section must be completed for all resident based on needs identified in sections 1 and 2 of this form, or electronic documentation. Which at minimum incudes the elements below, except for resident receiving the following: (a) Extended congregate care services (ECC) in a facility holding an ECC license ... " In an interview on at 12:53 p.m. the ADON admitted Resident #1 received ECC services. The Administrator, who is also the ECC supervisor, denied knowing Resident #1 received ECC services at this facility. Then the Administrator retracted her statement stating that she remembers the Resident #1 ' s care being discussed at a morning meeting. The Administrator also provided the surveyor with a blank copy of what their ECC service plans should look like. Resident #1 was interviewed at 1:13 p.m. on . He stated he has had his bag for approximately 6 months. Resident #1 said	AE206		

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AE206	Continued From page 3 he and his caregiver take care of his bag along with the facility ' s nurses. Staff A was interviewed at 1:17p.m. at . Staff A confirmed she assisted with the care of Resident #1 ' s bag. She stated, " We take out the das and replace it [the bag]. " Staff B was interview on the same day at 1:44 p.m. when questioned about the care of Resident #1 bag, she stated, " We have the order for daily or as needed, but his caregiver sometimes does it, but we go in and check it. " Class III	AE206		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Epworth Village Retirement Com
5300 West 16 Avenue
Hialeah, FL 33012

Re: CCR #2012008773

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 12/12/2012 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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