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 Complaint Investigation survey CCR# 2013003884 was conducted on Epwoth Village Retirement Community Assisted Living Facility had deficiencies found at the time of the visit.	A 000		
A 025 SS=G	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview the facility failed to provide care and services appropriate to meet the needs of 1 out of 2 sampled residents (Resident #1) and failed to provide supervision of 1 out of 2 sampled residents (Resident #2) that would prevent the incident that ocurred on The findings include: Record review for sampled Resident #1 admitted to the facility on revealed the Health Assessment dated indicated the resident was diagnosed with , , , , and Parkinson by the physician. The record document that his daughter refused that her father was sent to the hospital due to aggressiveness (physical injury to others) even though she was informed of the necesity of receiving the above procedures. She also was informed of the possible negative outcomes associated with her refusal signed on Resident #1 progress notes document that he was admitted on at 12:00 p.m. The resident was alert, oriented with moments of forgetfulness. He was combative and tried to escape from the facility on at 6:30. The resident tried to escape again, he was being combative, was found wandering in the hallways and was redirected to his apartment at 8:30 p.m. He tried to escape again at 8:45 p.m. The CNA followed him, he was aggressive and slapped the CNA in her face as well as one family member visiting another resident in the building. Primary physician and family member notified. Physician	A 025		

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A 025	Continued From page 2 ordered transferred the resident to the hospital for evaluation but family member refused. Resident's #1 daughter refused rounds at night on . Resident was wandering throughtout the facility and was aggressive with staff on at 2:00 p.m. Resident was observed wandering the corridor throughout the night, he was combative and hit the CNA and security guard on at 6:00 a.m. Resident was seen wandering around third floor in building #2 and was redirected to his apartment on at 6:30 p.m. Resident was agitated and trying to leave the facility, he was combative and physically aggressive towards staff hitting them on at 1:00 p.m. The resident was noticed in apartment 255, he was holding the door while staff was asking him to let them in. After he opened the door he said that this was his apartment. Resident was redirected to his apartment. Resident had a in his right hand. First aid applied. When he was asked what happended he said that he was in a fight in Cuba. Family member was contacted on at 5:05 a.m. Record review for sampled Resident #2 admitted to the facility on revealed the Health Assessment dated indicated the resident was diagnosed with to right leg by the physician. Resident's #2 progress notes revealed the resident called the nurse station and said there was a guy in his hit him on his face. Inmidiately staff went to his apartment. He was found with a laceration of his left side of the head next to the eye (2cm). He said that Resident #1 hit him and threaten him with a knive. First Aid applied to laceration. Resident #2 called his family members. Police was called. The resident refused to call rescue. Vital signs and sugar	A 025		

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A 025	Continued From page 3 level were take on at 5:05 a.m, Incident/accident report review document that " Resident #2 called the nurse station and said he was hit on the face by Resident #1 another resident who walked into his apartment at about 5:05 a.m. Staff immediately responded and separated both residents. He sustained a laceration on left side of head next to eye. Resident #2 also stated that Resident #1 threaten him with a knife " . Interview conducted with Resident #2 on at about 10:20 a.m. He was observed sitting in a wheelchair and had a scar in his left side of his head next to eye. He revealed that he was in his bed when he saw a person in his apartment. He woke up and the person grabbed his neck with both hands. He punched him in his face and called the nurse station and his family. The person said that he will bring a knife. He stated that he kept his front door open because this is a safe place and the staff does rounds at night. Attempted to interview Resident #1 was conducted on at about 11:30 a.m. He was observed walking in the corridor with a facility staff. He had a scar in his right hand. The surveyor asked him what happened and he said that he punched the wall. He was and unable to explain what happened during the incident. Interview conducted with the facility administrator on at about 9:45 a.m. revealed that Resident #1 have a private companion three days of the week and after the incident the facility assigned one staff to be with him all day the rest of the week (four days) until they discuss his care	A 025		

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A 025	Continued From page 4 with his family members. Resident's contract review revelaed "Aldersgate Retirement, Inc will designated a licensed physician to served as Medical Director, who will on call, and Resident agrees that if his or her own physician cannot be reached, Aldersgate Retirement, Inc is authorized to call its Medical Director in an emergency. (if he/she becomes mentally or emotionally disturbed, to a degree that his/her precense at Aldersgate Retirement, Inc. be deemed detrimental to the health or peace of the other residents) ". Resident #1 and #2 were not being seen by a phsician after the incident that ocurred on . Resident #1 had a laceration on left side of head next to eye and Resident #2 had a in his right hand. Resident #2 was physically aggresive to staffs, family members and residents on , and Class II	A 025		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

Re: CCR #2013003884

This letter reports the findings of a state complaint survey that was conducted on , 2013 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 6/20/2013 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 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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