

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
NAME OF PROVIDER OR SUPPLIER EPWORTH VILLAGE RETIREMENT COM			STREET ADDRESS, CITY, STATE, ZIP CODE 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	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 survey (CCR#s 2013005096) was conducted on , 2013. The Epworth Village Assisted Living had the following deficiencies.	A			
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a	A			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

STATE FORM

0090

EVLK11

If continuation sheet 1 of 5

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A 093	Continued From page 1 registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility. 2. The facility shall document a resident's refusal to comply with a therapeutic diet and notification to the resident's health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a	A 093			

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NAME OF PROVIDER OR _____

STREET ADDRESS, CITY, STATE, ZIP CODE

EPWORTH VILLAGE RETIREMENT COM

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

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A 093 Continued From page 2

A 093

signed statement from the resident or the resident's responsible party refusing the diet is acceptable documentation of a resident's preferences. In such instances daily documentation is not necessary.

(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.

(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.

(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

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A 093	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility did not provide its residents food that was served at a palatable temperature. The findings are: In an interview with resident #2 on _____ at 11:45am, she stated that the facility staff helps her with her meals every day and the food is often not hot enough but it tastes okay. She also stated at this time that she chooses to eat her meals in her _____. The resident presented to be alert and oriented at this time. In an observation in dining _____ on _____ at 12:00pm, there was an open, rolling metal cart with approximately 20 resident trays marked with building #2. In an interview with the chef on _____ at 12:05pm, he stated that the open, rolling metal cart is used to transport the meals to the residents in building #2. He stated at this time that approximately 30-40 residents in building #2 request to eat their meals in their _____ on a daily basis and these are delivered by the direct care/dietary staff members during breakfast, lunch and dinner. The administrator offered a sample lunch tray from a resident who was not eating their lunch at the facility on _____ at 12:10pm, which contained pizza, steamed vegetables and Gallego soup and all the sampled food in this lunch tray presented to be at _____ at 12:20pm, with the exception of the Gallego soup, which was at slightly higher than _____.	A 093			

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A 093	Continued From page 4 In an interview with resident #7 on _____ at 1:05pm, he stated that he usually cooks himself, that the facility meals are so-so, and the meals here taste okay but are lukewarm. The resident presented to be alert and oriented at this time. In an interview with resident #3 on _____ at 3:15pm, he stated that he also prefers to eat in his _____, that he is provided with timely meals every day and the food temperature is sometimes cool. The resident presented to be alert and oriented at this time. In an observation on _____ from 4:55pm to 5:05pm in the hallway outside the dining _____, there were 2 nursing assistants talking with each other standing next to the open metal rack containing approximately 20 resident meal trays. In an interview with the nursing assistants on _____ at 5:05pm they stated that the meal trays in the metal cart are for the residents in building #2, that it was their responsibility to transport these meals to the residents in building #2 and that they may heat up individual resident meals if they are asked by the residents to do so, and not every resident makes such a request. Class III	A 093			



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

Re: CCR #2013005096

Dear Administrator:

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 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,


for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
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