STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910916	07/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Epworth Village Retirement Com	5300 West 16 Avenue Hialeah, FL 33012	

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

Revisit Corrected Tags:

Revisit Repeat Tags:
0000-Initial Comments-
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up Extended Congregate Care monitoring survey was conducted on 24, 2013 thru 25, 2013. Epworth Village Retirement Community had deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that 1 out of 12 staff (staff E) received a health examination that documented she is free from on an annual basis.

Findings include:

A review of staff E personnel record revealed an employment application dated and a job description for a Licensed Practical Nurse (LPN). Staff E file contains an Employee Physical Examination Report dated documenting that staff E is free from . Further review revealed no documentation that shows staff E free from after the date.

On at 1:57PM, the administrator acknowledged the findings and stated that " it may be that they had not filed it yet. "

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a revisit survey to a ECC monitoring conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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