

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/03/2013
FORM APPROVED

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

List of Tags Cited:

St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A Bed Increase survey was conducted on 7/25/2013. Epwoth Village Retirement Community had deficiencies found at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on interview and observation, the facility failed to ensure that all existing architectural and structural systems were in good working order.

Findings include:

During tour of building 4 on 7/25/2013 at 3:45 PM. it was observed that residents , nurses ' station and dining /activities area where in various stages of construction, equipment was still in boxes, the building interior passageways and resident where being primed for painting, construction debris where observed in the passageways and

On 7/25/2013 at 4:30 PM administrator stated " we should be completing the renovation within the next two weeks. "

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2013

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

Dear Administrator:

This letter reports the findings of a state Bed Increase survey that was conducted on January 14, 2013 by a representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 30 days 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

