STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910916	10/14/2013
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:
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A follow-up to the bed increase survey (7/25/13) was conducted from 10/14/13 through 10/15/13 at Epworth Village Retirement Community. The deficiency was uncorrected.

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

Based on resident interview, staff interview, and observation, the facility still did not maintain a safe living environment as evidenced by a call light pull cord being out of reach for 1 of 4 sampled residents (#3).

Findings include:

Interview with resident #3 on at 11:20 am revealed he just moved into this new apartment from building two (2) a couple of days ago. He said he is still adjusting to it. He said he is able to have his . He said there are enough staff members. When asked how he would notify staff of a problem, he looked at the pull cord for the call light and verbalized frustration that he could not reach it. Facing the resident's bed, the pull cord was approximately 4-6 feet away from him. He stated he needed something the other day (did not recall the date or time) but could not call because the cord was too far away. He denied having the phone number to the nursing station and stated his cellular phone was out of battery. He also stated the phone for the not in his was in the other .

Observation at the time of the interview revealed the pull cord for the call light was stuck to the wall as though it had dried on wet paint. The surveyor had to peel it off of the wall to make use of it. The resident was in his bed on his back at that time.

Interview with the staff #5 on at 11:44 am revealed resident #3 gets out of bed with assistance from staff and has a motorized wheelchair. He is alert and oriented x 3. The Certified Nursing Assistants (CNAs) assist him in getting out of bed. He can move on his own and the CNAs help maneuver him from the bed into the chair. She says he utilizes the trapeze to maneuver himself in bed. She said he can turn and reposition himself. She also noted that he is a paraplegic. She said, if he needs to call, he uses a phone to contact the staff. All the nurses have a cell phones and all the residents have the numbers to both the nurses' cell phones and the phone at the nurses' station. In the event of an emergency if he couldn ' t reach a phone, she said there is an

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emergency light that would trigger at the nurses' station from the pull cord in the .

Observation of the . . . . (#515) on at 1:02 pm revealed the distance between the call light cord (which was hanging straight down) and the resident's bed was 63 inches (as measured with measuring tape). There was no phone observed in the resident's . A telephone was observed in the living , outside of the resident's . . . . . .

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 bed increase 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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