STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910916	**10/06/2014**
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)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:

0000-Initial Comments

An Extended Congregate Care (ECC) Monitoring Survey was conducted on , 2014. Epworth Village Retirement Com had deficiencies identified at the time of the survey.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on interview record review the facility failed to notify the Agency Central Office of a change in facility administrator, within 10 days of the change.

Findings Include:

Entrance interview conducted with facility administrator B on at 10:51am revealed administrator A left to another job in 2014. Administrator B provided a business card documenting her title as Assisted Living (AL)/Independent Living (IL) Administrator.

Review of the facility information on FloridaHealthFinder.gov revealed administrator A is listed as the current administrator,.

During exit interview conducted on at 2:20pm administrator B said she was going to send the required documentation to the Agency right away.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a extended congregate care monitoring survey that was conducted on , 2014 by 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 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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