

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910916	(X3) DATE SURVEY COMPLETED 05/14/2015
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NAME OF PROVIDER OR SUPPLIER EPWORTH VILLAGE RETIREMENT COM	STREET ADDRESS, CITY, STATE, ZIP CODE 5300 West 16 Avenue HIALEAH, FL 33012
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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A Standard Survey was conducted on _____, Epworth Village Retirement Community Assisted Living Facility with Extended Congregate component had the following deficiencies at time of survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, interview and record review it was determined the Assisted Living Facility failed to ensure a comprehensive Health Assessment was properly completed for one of fifteen sampled residents (#12).

Findings included:

On _____ at 12:00 PM record review on Resident #12, admitted on _____, revealed Section 1, Page 1 Medical history and diagnoses; physician wrote "See progress notes." Section D. Individual needs met at in an Assisted Living Facility was left unanswered and date of examination was left blank.

Interview with Administrator on _____ at 12:00 PM, she confirmed the finding regarding Resident #12 not having a completed Health Assessment in her chart. She stated we will review all the files to make sure all is properly filled out."

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey that was conducted on 2015 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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