STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910916	01/20/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A bed increased survey was conducted on , 2016. Epworth Village Retirement Community with standard license had the following deficiencies identified at the time of survey:

0010 Admissions - Continued Residency

Based on record review and interview, the Assisted Living Facility failed to have a health assessment (AHCA form 1823) that reflected resident's change in condition for one (#1) out of two sampled residents.

Findings included:

Record review of Resident #1's file revealed that Resident #1 received hospice services since Resident #1's health assessment completed on revealed that Resident #1 needed medication administration, she was not bedridden, needed assistance for ambulation, bathing, dressing, self-care ( ), toileting and transferring but needed supervision with eating. Record review found the facility did not have an updated health assessment for Resident #1.

In an interview on / at 12:23 PM the Director of Clinical Services revealed that Resident #1 was not able to eat by herself, she needed total care in some activities of daily living depending of her days.

In an interview on / at 1:01 PM the Administrator revealed that Resident #1 needed total care for activities of daily living.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and record review, the Assisted Living Facility failed to limit physical to half bed rails for one (#2) out of two sampled residents.

Findings include:

Observation on / at 11:38 AM revealed Resident #2 was resting on bed with full bed rails up.

Record review of Resident #2's file revealed that Resident #2 received hospice services since Resident #2 had resident's consent to the use of hospital half-bed rails signed on . Resident #2

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had in record a doctor order for half-bed rails on provided by hospice doctor.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a bed increase licensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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