

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910916	(X3) DATE SURVEY COMPLETED 08/08/2017
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 Standard Biennial Survey was conducted on _____ to _____. Epworth Village Retirement Community (license #5839) had the following deficiencies identified at the time of the survey: 0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation and interview, the facility failed to ensure that centrally stored medication was kept locked . Findings Included: On _____ at 10:57 AM, three bottles of eye drops (Lumigan 2.5 ml, _____ 0.5 %, and Maleatte) were found in a shared _____. The residents were not at home.. On _____ at 10:59 AM, Staff K acknowledged that the medications were not properly stored. Class III 0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC Based on observation and interview, the facility failed to ensure that medications for one out of 14 sampled residents were properly labeled. Medications found unlocked in a _____ by two residents could not be identified as belonging to one or the other. Findings Included: During the facility tour on _____ at 10:57 AM, three bottles of eyes drop Lumigan 2.5 ml, _____ 0.5 %, and _____ Maleatte were found unlabeled in a shared _____. During an interview on _____ at 10:59 AM, Staff K acknowledged that the medications were unlabeled. Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to provide a safe living environment, free of hazards for the residents, and failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.		

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Findings Included: On at 10:06 AM, the following observation was made: # 's kitchen had one broken drawer and another drawer was peeling; # 's kitchen had a peeling drawer; in # was an open biohazard container on a dresser; there were missing blinds in # 's ; # medicine cabinet was peeling; the elevator in building #5 had no permit posted; and the balcony rails by was loose. During the exit interview on at 4:20 PM, Staff K acknowledged that the balcony rail needed to be secured and the kitchen cabinet needed to be fixed. Class III N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC Based on record review and interview facility failed to maintain documentation of the qualifications of nurses providing nursing services in the facility ' s personnel files for one out of served (#C) sampled staff. Findings included: A review of Staff C's file shows he was hired on as a Registered Nurse to work in the facility. A review of this register Nurse license showed that it had expired on There was no documentation of a renewed license in file. On at 4:55 PM, the Administrator acknowledged that there was no current license at the site for Staff C. Class III		