

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910916	(X3) DATE SURVEY COMPLETED 06/22/2018
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 resident wellness monitoring was conducted on Epworth Village Retirement Community (license #5839) had the following deficiency identified at the time of the survey: D152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview the facility failed to provide a safe and decent living environment for 171 of 171 residents (Residents # 1-171). Findings included: On at 6:09 AM observed in a strong odor resembling cigarette smoke. On at 6:30 AM during facility tour observed at screen door at front door not closing properly. Observed at freezer door at kitchen refrigerator not closing properly. On at 7:35 am, the Clinical Director acknowledged the issues with the screen and the refrigerator doors. On at 6:30 AM during building II's tour with Staff D, observed: missing tile observed in front of # and #210' door; # screen's door was broken; # had a broken towel rack in the creates a hazard for the resident; and the carpet area in front of the # had a large dark stain and dirty bathmats. On at 6:59 AM, Staff D stated "we are getting the tiles fixed." On at 7:31 AM, Staff D stated "we have been having problems with this It was clogged, we fixed, clogged again and was overflowed. On at 9:01 AM observed the floor in hallway had broken tiles and piles of tiles . On at 10:20 AM, the Administrator stated " # is on daily cleaning and weekly washing for the carpet. The resident has incontinence issues. We want to change the carpet for tiles. We pulled up the broken tiles in front of and 210; we are going to replace them." Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/25/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910916	(X3) DATE SURVEY COMPLETED 06/22/2018
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)		