STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910916	R 10/04/2018

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A resident wellness monitoring revisit was conducted on . . . . . Epworth Village Retirement Community (license #5839) had deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to have documentation of a satisfactory annual sanitation inspection.

Findings included:

Record review revealed the facility's last health inspection on record was on . . . .

On . . . . at 1:00 pm, Staff A stated that the facility was waiting for the health department for this year's inspection.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have accurate information for one of five (#1) sampled Resident that had health changes. The facility failed to have the updated health assessment form required for one of five (#1) sampled residents.

Findings included:

Record review revealed that Resident #1's (admitted . . . .) name reflected on the . . . . list/ . . dependent with administration of four times a day. However, Resident #1's health assessment stated, ... - . . . sugar monitoring, but did not specify that she needed administration of . In addition, Resident #1 file didn't contain the new health assessment forms required for living assisting Residents' health assessment.

On . . . . at 1:00 pm Staff B stated that Resident #1's health assessment was completed after Resident #1 in the facility."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910916	R **10/04/2018**
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)

Class III