

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910916	(X3) DATE SURVEY COMPLETED 04/02/2014
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Complaint (2013012310 and 2014000280) Investigation Survey was completed on 4/1/2014 and 4/2/2014.
Epworth Village Retirement had no deficiencies identified at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2014

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

Re: CCR #2013012310 & 2014000280

Dear Administrator:

This letter reports the findings of two state complaints survey completed on April 2, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

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Enclosure

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