

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910916	(X3) DATE SURVEY COMPLETED R 10/17/2017
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 revisit was conducted on October 17, 2017. Epworth Village Retirement Community (AL12908) had no deficiencies identified at the time of the survey.		