STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911669	**05/03/2018**
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD VILLAGE RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7830 PINE FOREST ROAD** **PENSACOLA, FL 32526**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced extended congregate care (ECC) monitoring visit was conducted on 5/3/18 at Homestead Village Retirement Center (License# 7708). No deficient practice was found at the time of the survey.