

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910916	(X3) DATE SURVEY COMPLETED R 01/22/2019
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 survey second revisit was conducted on 01/22/2019. Epworth Village Retirement Community had no deficiencies identified at the time of the survey.