

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910737	(X3) DATE SURVEY COMPLETED 12/18/2013
NAME OF PROVIDER OR SUPPLIER Avalon Park Retirement Residence, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 604 North 62nd Avenue Hollywood, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility standard relicensure survey with Extended Congregate Care (ECC) and Limited Mental Health (LMH) was conducted on 12/17/2013. Avalon Park Retirement Residence, had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 30, 2013

Administrator
Avalon Park Retirement Residence, Inc
604 North 62nd Avenue
Hollywood, FL 33024

Re: Relicensure, Extended Congregate Care (ECC) and
Limited Mental Health (LMH)

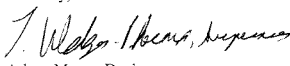
Dear Administrator:

This letter reports findings of a State Licensure Surveys that was conducted on December 18, 2013 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

1GGN

