STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967298	**05/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avalon's Assisted Living Ii	**13230 Early Frost Circle Orlando, FL 32828**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
A Monitoring Visit was conducted at Avalon Assisted Living Facility II on 05/15/2014. There were 6 residents on the day of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 9, 2014

Administrator
Avalon's Assisted Living II
13230 Early Frost Circle
Orlando, FL 32828

RE: Monitoring survey

Dear Administrator:

This letter reports findings of a state licensure monitoring survey that was conducted on May 15, 2014 by representative(s) of 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 pertaining to the monitoring visit.

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 call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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