

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968395	(X3) DATE SURVEY COMPLETED 02/23/2015
NAME OF PROVIDER OR SUPPLIER Avon Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 4531 Sw 34th Street Fort Lauderdale, FL 33312	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-02/23/2015
 0081-Training - Staff In-Service-02/23/2015
 0085-Training - Nutrition & Food Service-02/23/2015
 0090-Training - Do Not Resuscitate Orders-02/23/2015

0000-Initial Comments

An unannounced follow-up visit to the 12/15/14 Biennial Standard Licensure survey, was conducted on 2/23/15. Avon Manor had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 03, 2015

Administrator
Avon Manor
4531 SW 34th Street
Fort Lauderdale, FL 33312

Dear Administrator:

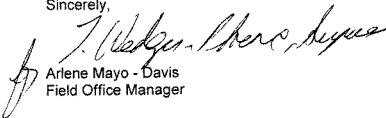
This letter reports the findings of a State Relicensure Revisit Survey conducted on February 23, 2015 by a representative from this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

DT9D

