

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/29/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967553	(X3) DATE SURVEY COMPLETED 04/20/2015
NAME OF PROVIDER OR SUPPLIER AVA CARES III	STREET ADDRESS, CITY, STATE, ZIP CODE 2318 CHERRY RIDGE LANE BRANDON, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey, CCR#2015001876, was conducted on 4/20/15 in conjunction with a change of ownership (CHOW) survey. (Aspen Event id# DSH811). The Ava Cares III Assisted Living Facility had no deficiencies found at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 29, 2015

Administrator
Ava Cares III
2318 Cherry Ridge Lane
Brandon, FL 33511

RE: CCR #2015001876

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 20, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For

Patricia Reid Cauffman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

