

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/29/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968083	(X3) DATE SURVEY COMPLETED 09/21/2015
NAME OF PROVIDER OR SUPPLIER AVALON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2580 FIRST STREET FORT MYERS, FL 33901	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced Change of Ownership (CHOW) survey was conducted on 9/21/15 at Avalon Assisted Living, an Assisted Living Facility (ALF) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 29, 2015

Administrator
Avalon Assisted Living
2580 First Street
Fort Myers, FL 33901

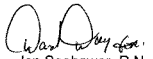
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 21, 2015 by representatives 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.

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.shtm> 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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