

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968395	(X3) DATE SURVEY COMPLETED 12/07/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey CCR# 2016011259 was conducted on 12/07/16 at Avon Manor (license #12308). The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 20, 2016

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

RE: CCR #2016011259

Dear Administrator:

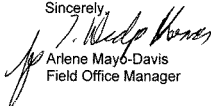
This letter reports the findings of a complaint survey completed on December 7, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso

Enclosure: State 5000-3547

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