

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968909	(X3) DATE SURVEY COMPLETED 03/20/2017
NAME OF PROVIDER OR SUPPLIER AVA CARES VI	STREET ADDRESS, CITY, STATE, ZIP CODE 1108 BLACK KNIGHT DR, VALRICO, FL 33594	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On March 20, 2017, a change of ownership (CHOW) state licensure survey was conducted at Ava Cares VI. No deficiencies were found. (license #12747)		