

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968083	(X3) DATE SURVEY COMPLETED 04/17/2017
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 relicensure and Limited Nursing Services survey was conducted 4/17/17 at Avalon Assisted Living, an assisted living facility (license #12029) located in Fort Myers, Florida.

No deficiencies were found at the time of the visit.