STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969272	**09/22/2017**
NAME OF PROVIDER OR SUPPLIER **AVA CARES VII**	STREET ADDRESS, CITY, STATE, ZIP CODE **713 PEARL CIR** **BRANDON, FL 33510**	

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

0000 - Initial Comments

Assisted Living Facility

On 9/22/17, an initial state licensure survey was conducted at Ava Cares VII.

No deficient practice was identified at the time of the visit.

(License # pending)