

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/31/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968395	(X3) DATE SURVEY COMPLETED R 07/31/2017
NAME OF PROVIDER OR SUPPLIER AVON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4531 SW 34TH DRIVE FORT LAUDERDALE, FL 33312	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced licensure revisit survey (CCR# 2017001240) was completed by desk review on 7/31/17 at Avon Manor (license 12308). The facility had no deficiencies identified at the time of the survey.