STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910737	**12/13/2017**
NAME OF PROVIDER OR SUPPLIER **AVALON PARK RETIREMENT RESIDENCE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **604 NORTH 62ND AVENUE** **HOLLYWOOD, FL 33024**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on 12/12/2017 and 12/13/2017 at Avalon Park Retirement Residence Inc., Assisted Living facility, License #6653. The facility had no deficiencies at the time of the visit.