STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968422	**03/28/2018**
NAME OF PROVIDER OR SUPPLIER **AVA CARES IV**	STREET ADDRESS, CITY, STATE, ZIP CODE **1007 BROOKER ROAD** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

On March 28, 2018 a Complaint survey (CCR#2018001126 and CCR#2018002313) was conducted at Ava Cares IV. No deficiencies were identified during the visit.

(license #12324)