STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969387	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **AVALON FAMILY RESORT ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 SW SARATOGA AVE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An announced initial Assisted Living Facility licensure survey for a capacity of 6 residents was conducted on 05/10/18 at Avalon Family Resort Assisted Living. The facility had no deficiencies found at the time of the visit.