STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967864	R **06/07/2018**
NAME OF PROVIDER OR SUPPLIER **AVA CARES I**	STREET ADDRESS, CITY, STATE, ZIP CODE **3005 BELL SHOALS ROAD** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to the 4/10/2018 abbreviated biennial survey (previous name of Whispering Willows Assisted Living) was conducted on 6/7/18. This survey was in conjunction with a Change in Ownership (CHOW) survey. The previously cited deficiency was corrected.
License: 11841