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

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

**0000 - Initial Comments**

Assisted Living Facility

A Change in Ownership (CHOW) survey was conducted, in conjunction with a revisit to a 4/10/2018 abbreviated survey at Ava Cares I on 06/07/2018. Ava Cares I had no deficient practice identified at the time of the survey.
License: 11841