STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968083	R **08/24/2018**
NAME OF PROVIDER OR SUPPLIER **AVALON ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2580 FIRST STREET** **FORT MYERS, FL 33901**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 8/24/18 for Avalon Assisted Living, an assisted living facility (license #12029) in Fort Myers, Florida. The follow-up was in response to the limited nursing services survey which was conducted on 6/26/18.

Based on the facility's supporting documentation, the deficiencies were corrected as of 8/24/18.