STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910737	**10/30/2018**
NAME OF PROVIDER OR SUPPLIER **AVALON PARK RETIREMENT RESIDENCE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **604 NORTH 62ND AVENUE** **HOLLYWOOD, FL 33024**	

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

0000 - Initial Comments

AMENDED REPORT

A monitoring inspection was conducted on 10-30-18 at Avalon Park Retirement Residence, Inc., license #6653. The facility had no deficiencies identified at the time of the survey.