STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968422	**11/30/2018**
NAME OF PROVIDER OR SUPPLIER **AVA CARES IV**	STREET ADDRESS, CITY, STATE, ZIP CODE **1007 BROOKER ROAD** **BRANDON, FL 33511**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey, CCR#2018016619 was conducted at Ava Care IV assisted living facility on 11/30/2018 in conjunction with a biennial re-licensure survey. There was no deficient practice identified during the surveys.

(License # 12324)