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

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

**0000 - Initial Comments**

ASSISTED LIVING FACILITY

On November 30, 2018, a biennial re-licensure survey in conjunction with a complaint survey, CCR#2018016619 was conducted at Ava Cares IV Assisted Living Facility. There was no deficient practice identified during the surveys.

(License# 12324)