STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968083	**11/30/2018**
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

An announced closure monitoring visit was conducted on 11/30/18 at Avalon Manor, an assisted living facility (licence #12029) in Fort Myers, Florida.

No deficiencies were found at the time of this survey.