STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968395	R **12/18/2018**
NAME OF PROVIDER OR SUPPLIER **AVON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **4531 SW 34TH DRIVE** **FORT LAUDERDALE, FL 33312**	

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

0000 - Initial Comments

AMENDED

An unannounced Relicensure revisit survey was conducted on 12/18/2018 at Avon Manor, License #12308. The previously cited deficiency was found corrected.

(An unannounced licensure complaint, CCR #2018007234, second revisit survey was conducted in conjunction with the above Relicensure revisit survey. Please see separate report for findings).