STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967553	R **01/17/2019**
NAME OF PROVIDER OR SUPPLIER **AVA CARES III**	STREET ADDRESS, CITY, STATE, ZIP CODE **2318 CHERRY RIDGE LANE** **BRANDON, FL 33511**	

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

0000 - Initial Comments

On January 17th 2019, a revisit to an 11/28/2018 biennial survey was conducted at Ava Cares III Assisted Living Facility. Ava Cares III Assisted Living Facility had no deficient practice identified at the time of the visit.

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