

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 10/22/2018  
FORM APPROVED**

|                                                               |                                                                                                 |                                                           |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966752</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>10/18/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AVERY COTTAGE, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4052 COLLIN DRIVE<br/>WEST PALM BEACH, FL 33406</b> |                                                           |

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

**0000 - Initial Comments**

A Relicensure Second Revisit Survey was conducted by desk review on 10/18/2018 for Avery Cottage, Inc, License #10887. The previously cited deficiency was found corrected at the time of the survey.