DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X3) DATE SURVEY	
COMPLETED	

05/16/2017

345134

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

F 000

INITIAL COMMENTS

No deficiencies were cited as a result of the complaint investigation Event ID #906U11.

AVANTE AT CHARLOTTE 4801 RANDOLPH ROAD

CHARLOTTE, NC 28211

NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE