

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345134</b>	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE <b>AVANTE AT CHARLOTTE</b> <b>4801 RANDOLPH ROAD</b> <b>CHARLOTTE, NC 28211</b>	X3) DATE SURVEY COMPLETED  <b>05/16/2017</b>
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F 000 INITIAL COMMENTS

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