STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968706	R **02/09/2017**
NAME OF PROVIDER OR SUPPLIER **ENCORE AT AVALON PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **13798 CYGNUS DR** **ORLANDO, FL 32828**	

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

0000 - Initial Comments

A revisit to the biennial survey with Extended Congregate Care was conducted at Encore At Avalon Park on 02/09/2017. Encore at Avalon Park had no deficiencies at the time of the visit.