STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968706	R **07/03/2017**
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 an Extended Congregate Care (ECC) monitoring was conducted on 7/03/2017. Encore At Avalon Park license # #12618 had no deficiencies at the time of the visit.