STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968706	**03/09/2018**
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 complaint investigation (2017015265) was conducted on . Encore at Avalon Park Assisted Living Facility (license 12618) had a deficiency at the time of the visit.

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interviews the facility failed to ensure 2 of 64 staff (Staff N and O) were placed, as required, on the facility background -screening website.

Findings:

1. On , in a record review of the work schedule provided to the agency by the facility, it documented Staff N was schedule to work , , and , the hours of 7:00 AM to 7:00 PM, during the seven-day period of to .

On , in a record review of the Agency for Health Care Administration background-screening website, Staff N was not listed on the screening roster for the facility.

On , in a record review of the Agency for Health Care Administration background-screening website, Staff N was listed as having completed a level two background screen on .

2. On , in a record review of the work schedule provided to the agency by the facility, it documented Staff O, was scheduled to work on and , the hours of 7:00 AM to 3:00 PM, during the seven-day period of to .

On , in a record review of the facility background-screening roster, the roster documents Staff O was removed from the facility roster on .

On , in a record on , at 3:20 PM, in an interview with the administrator, the administrator stated the copy of the work schedule provided to the agency is the current work schedule.

Unclassified