

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968706	(X3) DATE SURVEY COMPLETED R 04/05/2018
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 Second revisit to complaint investigation #2017011223 was conducted on 4/5/2018. Encore at Avalon Park license #12618, had no deficiencies found at the time of the visit.