

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/19/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968706	(X3) DATE SURVEY COMPLETED 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 monitoring visit for Extended Congregate Care (ECC) was conducted on 4/5/2018. Encore at Avalon Park license # #12618 had no deficiencies at the time of the visit.