

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968706	(X3) DATE SURVEY COMPLETED 11/27/2018
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

An Extended Congregate Care (ECC) monitoring visit was conducted on November 27, 2018. Encore at Avalon Park, license #12618, did not have a deficiency at the time of the visit.