

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968706	(X3) DATE SURVEY COMPLETED 01/08/2019
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 The re-licensure survey in conjunction with Complaint Investigation #2018013529 was conducted on _____ and _____. Encore at Avalon Park Assisted Living Facility with Extended Congregate Care (ECC); License #12618 had a deficiency pertaining to the re-licensure survey at the time of the visit. 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27 Based on observations and interviews the facility failed to honor the residents rights to be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. Findings: Observations on _____ at 10 AM during the tour of the first floor secure memory care unit noted that the Resident Care Coordinator used a key to unlock the residents' rooms. A resident walked the hallway; she asked the resident if she wanted to enter her room. The resident said she did, the Resident Care Coordinator unlocked the resident's room. The Resident Care Coordinator said that the bedroom doors in the memory care unit were kept locked. Some residents have keys, those who did not have keys could always ask a staff to unlock the door. In an interview with the administrator on _____ at 12 PM who said all residents were given keys at move in, some may have misplaced them or their families may have taken them home and some others, who were higher functioning had keys . The facility did not keep a list of these with keys or those without. Class III		