

**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 R 03/14/2019
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 Revisit to the re-licensure survey with Extended Congregate Care (ECC) was conducted on 3/13/2019. Encore at Avalon Park license # #12618 had a deficiency at the time of the visit. 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27 DEFICIENCY REMAINED UNCORRECTED Based on observations and interviews the facility failed to honor the residents right to be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy and kept the residents' rooms locked. Findings: In an interview with the administrator on _____ at 10 AM, who said she had difficulty replacing all the door locks to the first and second floor memory care units. She ordered several types of locks and none worked on the doors. On _____ she finally found the correct type (commercial grade) and the order was delivered on _____. The maintenance guy and the memory care unit director had changed 3 locks, it had taken them an entire day to do so. Evidently the locks were changed after the initial licensure, she contacted the locksmith who changed them, he said he took the locks with him and no longer had them. Therefore she needed to find the locks with the correct mechanism, locking from inside without a key needed and able to maintain them unlocked, unless the residents wanted it locked when they left the room. The current doors could not be locked from the inside and locked once the door was closed. Observations on _____ at 10:15 AM of the first floor secure memory care unit noted the doors to _____ had been changed. All the other doors, were locked. The administrator provided a list that named 29 memory care unit residents who had keys to the rooms and 40 depended on the staff to open the door to their rooms every time they wanted to enter. Class III		