STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968706	R **04/29/2019**
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

A revisit to a biennial survey was conducted at Encore at Avalon Park on 4/29/2019. Deficiencies were found to be corrected at the time of the survey.