

10/4/2012

## State Form: Revisit Report

|                                                                       |                                                      |                                                                               |
|-----------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11966840 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>10/3/2012                                             |
| Name of Facility<br>ENGLISH ESTATES ALF                               |                                                      | Street Address, City, State, Zip Code<br>1340 OXFORD RD<br>MAITLAND, FL 32751 |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item                                                                       | (Y5) Date                             | (Y4) Item                                    | (Y5) Date               | (Y4) Item                                    | (Y5) Date               |
|---------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|-------------------------|----------------------------------------------|-------------------------|
| ID Prefix <u>AZ815</u><br>Reg. # <u>408.809, 435.02(2), 435.06</u><br>LSC _____ | Correction<br>Completed<br>10/03/2012 | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                                    | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                                    | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                                    | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                                    | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                                    | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |

|                    |                   |             |                              |             |
|--------------------|-------------------|-------------|------------------------------|-------------|
| Reviewed By _____  | Reviewed By _____ | Date: _____ | Signature of Surveyor: _____ | Date: _____ |
| State Agency _____ | <i>Allyson DC</i> | 10/4/12     |                              |             |
| Reviewed By _____  | Reviewed By _____ | Date: _____ | Signature of Surveyor: _____ | Date: _____ |
| CMS RO _____       |                   |             |                              |             |

Followup to Survey Completed on:  
8/9/2012

Check for any Uncorrected Deficiencies. Was a Summary of  
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

October 4, 2012

Administrator  
English Estates Alf  
1340 Oxford Rd  
Maitland, FL 32751

Dear Administrator:

RE: Revisit to CCR#2012005111

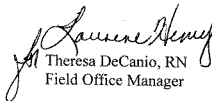
This letter reports the findings of a state licensure survey revisit conducted on October 3, 2012 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

  
Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

J5XD

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<http://ahca.myflorida.com>



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