

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/16/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966840	(X3) DATE SURVEY COMPLETED 01/06/2014
NAME OF PROVIDER OR SUPPLIER English Estates Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 1340 Oxford Rd Maitland, FL 32751	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

(If revisit, delete corrected tags/text)

Specific Tag Findings:

0000-Initial Comments

A complaint inspection CCR#2013010671 was conducted on 1/6/14.

There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 16, 2014

Administrator
English Estates Alf
1340 Oxford Rd
Maitland, FL 32751

Re: CCR #2013010671

Dear Administrator:

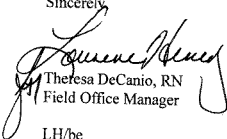
This letter reports the findings of a complaint survey completed on January 6, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
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