

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911771	(X3) DATE SURVEY COMPLETED 06/27/2014
NAME OF PROVIDER OR SUPPLIER Inglenook	STREET ADDRESS, CITY, STATE, ZIP CODE 280 Pine Street Englewood, FL 34223	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0032-Resident Care - Elopement Standards-06/27/2014

This is the results of the follow-up to the Biennial and Limited Nursing Service (LNS) survey conducted on 5/14/14 through 5/15/14 at Inglenook, an Assisted Living Facility (ALF). This follow-up was completed by desk review on 6/27/14. The citation was cleared by this desk review.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 27, 2014

Administrator
Inglennook
280 Pine Street
Englewood, FL 34223

Dear Administrator:

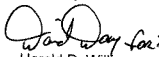
This letter reports the findings of a Biennial survey revisit conducted by desk review on June 27, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosure: State Form

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