

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911771	(X3) DATE SURVEY COMPLETED 10/01/2014
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:

0030-Resident Care - Rights & Facility Procedures-10/01/2014

The follow-up to the Limited Nursing Services (LNS) survey was conducted on 10/1/14 for Inglenook, an Assisted Living Facility (ALF) located in Englewood, Florida.

The previous deficiency was corrected.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 2, 2014

Administrator
Inglennook
280 Pine Street
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 1, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was 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,

A handwritten signature in black ink, appearing to read "Harold D. Williams".

Harold D. Williams
Field Office Manager

sh

Enclosure: State Form

