STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966840	**07/14/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Complaint Investigation CCR#2015003749 was conducted on / / . English Estates had deficiencies found at the time of the visit.

0025 Resident Care - Supervision

Based on record review and interview the facility failed to ensure the physician and responsible party were notified of significant changes for 1 of 3 sampled residents (#1).

Findings:

Resident record review revealed resident #1 had an Assisted Living Facility Health Assessment Form (1823) updated on / that indicated diagnoses of , and .

Review of facility notes revealed dated / at 3 (AM or PM not noted) the resident was through her clothes and was sent to hospital. At 6 PM she was admitted to the hospital.

There was no documentation to review that indicated the healthcare provider and the responsible party were notified.

In an interview with the administrator on / at approximately 1:45 PM who stated she would check to see if she had notes that documented the healthcare provider. The provider did not have documentation written that indicated the healthcare provider and the responsible party were notified upon hospitalization.

Class III

0079 Staffing Standards - Levels

Based on record review and interview the facility failed to ensure they maintained a written work schedule that reflected their 24 hour staffing.

Findings:

Review of the staff schedule for 2015 revealed on / to / / there were no hours documented for the staff who were working. On / / and / / the staff schedule was blank.

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There was no way to determine if the facility had enough staff hours to meet the requirements from / through / .
In an interview with the administrator on / at approximately 1:45 PM who stated the staff schedule was not up to date for / / and / and the hours that the staff worked were not documented on the schedule.
Class III

0160 Records - Facility

Based on record review and interview the facility failed to have a copy of the current County Health Department ( ) inspection.

Findings:

There was no documentation to review that indicated the facility had a current inspection when the inspected the facility for bed bugs.

In an interview with the administrator on / at approximately 1:45 PM who stated the inspection was done and she did not have a copy current inspection report.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
English Estates Alf
1340 Oxford Rd
Maitland, FL 32751

RE: CCR #2015003749

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com