STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968532	12/04/2015
NAME OF PROVIDER OR SUPPLIER **ENGLAND'S PLACE, LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5520 BUCHANAN STREET** **HOLLYWOOD, FL 33021**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An Extended Congregate Care monitoring visit was conducted at England's Place LLC (The) on 12/04/15. England's Place LLC (The) did not have deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 28, 2015

Administrator
England's Place, LLC (the)
5520 Buchanan Street
Hollywood, FL 33021

Re: Extended Congregate Care
Monitoring Visit

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on December 4, 2015 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure: State Form 5000-3547

1GGN

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