STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966840	R /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ESTATES ALF	**1340 OXFORD RD MAITLAND, FL 32751**

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

0000 Initial Comments

Revisit to a Complaint Investigation #2015003749 was conducted on /. English Estates ALF had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to update a Resident Health Assessment (AHCA Form 1823) after a significant change (hospice admission) for 1 of 1 sampled resident (#1).

Findings:

A review of the facility admission logs revealed the census was 4 residents at the time. Resident #1 was admitted to the facility on . During an interview with the administrator on / at approximately 8:35 am the administrator/owner stated the resident was currently under the care of hospice.

A review of hospice admission and plans of care indicated the resident was admitted to hospice on with diagnoses included and ( ). During an interview with the administrator on / at approximately 8:40 AM, when asked for an updated resident health assessment that reflected the significant change of the resident, the administrator stated she did not have one. She confirmed that she was not aware that she had to obtain an updated health assessment.

Class III

0025 Resident Care - Supervision

DEFICIENCY REMAINED UNCORRECTD

Based on record review and interview the facility failed to have documentation the responsible party was informed of a significant change for1 of 1 resident reviewed (#1).

Finding:

A review of the facility admission logs revealed the resident census was 4 at the time. Resident#1 was admitted to the facility on . During an interview with the administrator on / at approximately 8:35 AM, the administrator/owner stated the resident was under the care of hospice.

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

A review of hospice admission and plans of care indicated the resident was admitted to hospice on with diagnoses including and ( ). A review of hospice notes and the facility progress notes showed no evidence that the resident's family/responsible party was informed about the resident's significant-change status. At 8:40 a.m. the administrator stated that the resident's family was present when the resident was admitted to hospice, but she could not find any documentation to verify it.

Class III.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
English Estates Alf
1340 Oxford Rd
Maitland, FL 32751

RE: Revisit to #2015003749

Dear Administrator:

This letter reports the findings of a **second** State Licensure Complaint Revisit Survey conducted on
13, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 (407) 420-2502.

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

YOSF

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida