

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968532	(X3) DATE SURVEY COMPLETED 11/21/2016
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 unannounced Extended Congregate Care Monitoring survey was conducted 11/21/16 at England's Place an Assisted Living Facility (license #12412) in Hollywood, Florida. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 6, 2016

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

RE: Extended Congregate Care Survey

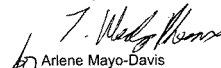
Dear Administrator:

This letter reports findings of a state licensure with Extended Congregate Care (ECC) survey that was conducted on November 21, 2016 by a representative of 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/dso
Enclosure: State form 5000-3547

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