

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966840	(X3) DATE SURVEY COMPLETED R 02/15/2018
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 follow-up to a complaint investigation #201711449 was conducted on English Estates ALF, license #10968, had deficiencies at the time of the visit. 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC DEFICIENCY REMAINED UNCORRECTED Based on review of staff schedule and interview, the facility failed to meet the needs of the residents and maintain accurate written work schedules that met the minimum staff hours per week as required by 58A-5.019(2) F.A.C. Findings: On the date of the visit, there were 6 residents in the facility. The staffing requirement for a facility with 6 residents is 212 staff hours per week. The staff schedule provided by the administrator was reviewed for the month of, 2018. Each Sunday and Wednesday in the month had a name written on the date for a caregiver working from "6PM-6PM". Another caregiver was written below with the name and "6PM" and an arrow into the following day. Every Monday and Thursday in the month had a caregiver's name written with "6PM." It was unclear if this was a start or stop time or how long on that day the caregiver would be working. Each day in the month also had the administrator or assistant administrator scheduled for 7-8 hours. On the schedule showed Staff E "6pm" and the assistant administrator "1pm-8pm." I asked him who was coming in at 8pm and he said Staff E was scheduled for 24 hours. I explained the schedule did not reflect that staff E was scheduled for twenty hours. In an interview with the administrator on at 9:30 AM, she confirmed that the written schedule did not accurately reflect the hours actually worked. Class III Z812 - Change of Ownership - 408.803(5); 408.807 FS DEFICIENCY REMAINED UNCORRECTED		

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Based on Agency website review and interview, the facility owners failed to notify the Agency of a change in facility ownership. Findings: Review of the AHCA facility finder website, the owner on record as of _____ was not the same person as identified at the facility during the survey. Review of the AHCA facility finder website on _____ found the same information posted as before. The administrator stated on _____ at 9:25 AM the previous owner said they had notified AHCA prior to the change of ownership. The owner/administrator stated that she recently found out this was not done. Further investigation through the Area 7 AHCA office revealed the ALF unit had not received a Change of ownership application. Unclassified Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS DEFICIENCY REMAINED UNCORRECTED Based on Observation, Record Review and Interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 2 of 3 sampled staff employees (Staff A, C). Findings: Review of the Agency's Background Screening Clearinghouse revealed that Staff A, who was not on the _____, 2018 staff schedule and was terminated more than 10 days ago was listed as a current employee on the staff roster. Further review of the Agency Roster found the former owner and administrator was listed as the current administrator. In an interview with the assistant administrator on _____ at 8:55 AM, he confirmed that the roster was		

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not updated. Unclassified		