STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966840	R 04/05/2018
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 second revisit to Complaint Investigation #201711449 was conducted on , , 2018. English Estates Assisted Living Facility, license #10968, had a deficiency at the time of the revisit.

Z812 - Change of Ownership - 408.803(5); 408.807 FS

DEFICIENCY REMAINED UNCORRECTED

Based on review of the Florida health finder website, record review, and interview, the facility failed to notify the Agency when a Change in Ownership (CHOW) of the facility occurred.

Findings:

On at 3:30 pm, the facility administrator said that since the Agency's last revisit, an application for a CHOW was submitted to the Agency. However, the person who completed the application made errors so the application had to be corrected and resubmitted. She said the Agency sent her a letter regarding the application.

Review of the facility's provider profile on the Florida health finder website on at 3:50 pm revealed the name of the previous owner remained with an effective date of .

Review of the letter, dated on , sent to the facility administrator by the Agency revealed the letter was notification of the Agency's intent to deny for CHOW.

Unclassified