

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966840	(X3) DATE SURVEY COMPLETED R 11/26/2018
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

11/26/18 desk review conducted to complaint #2017011449. English Estates ALF, license # 10968, had no deficiencies at the time of the review.