

**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 12/12/2018
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 Complaint Investigation #2018015433 was conducted on 12/12/18. English Estates Assisted Living Facility License #10968 had no deficiencies pertaining to the complaint at the time of the visit.