

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/03/2020
NAME OF PROVIDER OR SUPPLIER WESTBROOKE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6701 DAIRY ROAD ZEPHYRHILLS, FL 33542			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A second Revisit to 01/22/2020 Complaint Investigation (Complaint Numbers 2019016845 and 2019018012), an Extended Congregate Care Monitoring Visit, a Complaint Investigation (Complaint Number: 2020006424, an Infection Control Visit, and a Generator Monitoring were conducted at Westbrook Manor on 09/03/2020. Deficiencies were found to be corrected at the time of survey.	{A 000}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE