

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11922279	(X3) DATE SURVEY COMPLETED 07/03/2013
NAME OF PROVIDER OR SUPPLIER Eastbrooke Gardens	STREET ADDRESS, CITY, STATE, ZIP CODE 201 Sunset Drive Casselberry, FL 32707	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey CCR# 2013003517 was conducted at Eastbrooke Gardens Assisted Living Facility in conjunction with a revisit to Complaint Inspection CCR #2013005711 on 7/3/13.

There were no deficiencies found at the time of the visit regarding the complaint.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 9, 2013

Administrator
Eastbrooke Gardens
201 Sunset Drive
Casselberry, FL 32707

Re: CCR #2013003517

Dear Administrator:

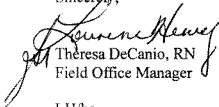
This letter reports the findings of a complaint survey completed on July 3, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

