

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11922279	(X3) DATE SURVEY COMPLETED 11/14/2013
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

Complaint Inspection #2013008641 was conducted in conjunction with the re-licensure survey and Complaint Inspections #2013009242 and #2013008354 on 11/14/13.

Eastbrooke Gardens Assisted Living Facility had no deficiencies found at the time of the visit pertaining CCR#2013008641.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2013

Administrator
Eastbrooke Gardens
201 Sunset Drive
Casselberry, FL 32707

Re: CCR #20130008641

Dear Administrator:

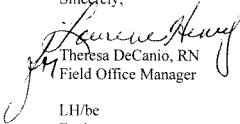
This letter reports the findings of a complaint survey completed on November 14, 2013 by representative(s) of this office.

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

