

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11922281	(X3) DATE SURVEY COMPLETED 06/02/2014
NAME OF PROVIDER OR SUPPLIER Westbrooke Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 6701 Dairy Road Zephyrhills, FL 33542	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two unannounced complaint surveys, CCR# 2014002468 & CCR# 2014002473, were conducted on 6/2/14, in conjunction with an extended congregate care (ECC) monitoring visit.

The Westbrooke Manor, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 11, 2014

Administrator
Westbrooke Manor
6701 Dairy Road
Zephyrhills, FL 33542

Re: CCR# 2014002468, CCR# 2014002473, and ECC Mon Visit

Dear Administrator:

This letter reports the findings of two complaint surveys and an extended congregate care (ECC) monitoring visit completed on June 2, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during these surveys.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosures: State Forms

