



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

January 8, 2015

Administrator  
Willow Brook  
1580 South Marion Avenue  
Lake City, FL 32025

Dear Administrator:

This letter reports the findings of a capacity increase licensure survey that was conducted on December 15, 2014 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

  
Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

1GGN



|                                                                                                        |                                                                                                      |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965555</b>                            | (X3) DATE SURVEY COMPLETED<br><br><b>12/15/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Willow Brook</b>                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1580 South Marion Avenue<br/>Lake City, FL 32025</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                      |                                                     |

0000-Initial Comments

An unannounced expansion survey for capacity increase was conducted on December 15, 2014 at Willow Brook, an assisted living facility in Lake City, Florida. Deficient practice was not identified at the survey. A bed increase for 6 is recommended.