

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11922281	(X3) DATE SURVEY COMPLETED 03/18/2015
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)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

Assisted Living Facility

An Extended Congregate Care (ECC) monitoring survey was conducted in conjunction with a Complaint Investigation survey CCR #2015000913 (ASPEN ID 384711) on 03/18/15.

Westbrooke Manor, Assisted Living Facility, had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 23, 2015

Administrator
Westbrooke Manor
6701 Dairy Road
Zephyrhills, FL 33542

RE: CCR #2015000913

Dear Administrator:

This letter reports the findings of a Complaint survey conducted in conjunction with an Extended Congregate Care (ECC) survey completed on March 18, 2015 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Teresu Ryan, RNL
for Patricia Reid Cauffman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
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