

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/01/2015  
FORM APPROVED

|                                                               |                                                                                            |                                                     |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                     | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11922279</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>03/25/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EASTBROOKE GARDENS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>201 SUNSET DRIVE<br/>CASSELBERRY, FL 32707</b> |                                                     |

**SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

**0000 - Initial Comments**

A monitoring visit for extended congregate care (ECC) was conducted on 3/25/15. Eastbrooke gardens had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

April 1, 2015

Administrator  
Eastbrooke Gardens  
201 Sunset Drive  
Casselberry, FL 32707

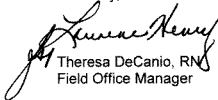
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 25, 2015 by representative(s) of this office. Attached 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

TDC:clr  
Enclosure

