



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 6, 2015

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 23, 2015 by representative(s) 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

1GGN

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965555	(X3) DATE SURVEY COMPLETED 03/23/2015
NAME OF PROVIDER OR SUPPLIER WILLOW BROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 1580 SOUTH MARION AVENUE LAKE CITY, FL 32025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring survey was conducted on March 23, 2015 at Willow Brook Assisted Living Facility in Lake City, FL. Deficient practice was not identified at the time of the visit.