

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11922279	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/17/2015
Name of Facility EASTBROOKE GARDENS		Street Address, City, State, Zip Code 201 SUNSET DRIVE CASSELBERRY, FL 32707

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0091</u> Reg. # <u>58A-5.0191(12) FAC</u> LSC _____	Correction Completed <u>09/17/2015</u> 0091	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed <u>ZZZZ</u>

Reviewed By _____ State Agency _____	Reviewed By <u>Theresa J. Owens</u>	Date: <u>11/16</u>	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: 6/16/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2016

Administrator
Eastbrooke Gardens
201 Sunset Drive
Casselberry, FL 32707

RE: Revisit to Extended Congregate Care monitoring

Dear Administrator:

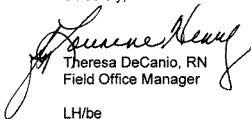
This letter reports the findings of a state licensure monitoring survey revisit conducted on September 17, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

LH/be
Enclosure

DT9D

