



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2016

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

RE: CCR #2016001887

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 21, 2016 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BJK1



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/16/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965555	(X3) DATE SURVEY COMPLETED 05/21/2016
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

On May 21, 2016, a complaint survey (CCR2016001887) was conducted at Willow Brook Assisted Living Facility (facility license number 9909). No deficient practice was identified during this survey. The facility was in compliance at this time.