STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965555	R **02/13/2017**
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

A desk review was conducted on 2/13/2017 as follow-up to Extended Congregate Care (ECC) Monitoring Survey for Willow Brook (facility license number 9909). The previously cited deficiency was cleared as a result of the desk review.