

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/31/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922279	(X3) DATE SURVEY COMPLETED 10/25/2017
NAME OF PROVIDER OR SUPPLIER EASTBROOKE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SUNSET DRIVE CASSELBERRY, FL 32707	

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

0000 - Initial Comments

A complaint investigation #2017007017 was conducted on 10/25/17. Eastbrook Gardens had no deficiencies at the time of the visit.