

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922281	(X3) DATE SURVEY COMPLETED 10/23/2017
NAME OF PROVIDER OR SUPPLIER WESTBROOKE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 6701 DAIRY ROAD ZEPHYRHILLS, FL 33542	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017008546), was conducted at Westbrooke Manor, Assisted Living Facility, on 10/23/17. Westbrooke Manor had no deficiencies at the time of the investigation. (License # 6061)		