

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922281	(X3) DATE SURVEY COMPLETED 02/08/2018
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 On February 8, 2018, an abbreviated biennial re-licensure survey with extended congregate care (ECC) in conjunction with a complaint survey, (CCR# 2017014704), was conducted at Westbrooke Manor. No deficient practice was identified relating to the biennial re-licensure survey. (License # 6061)		