

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922281	(X3) DATE SURVEY COMPLETED R 04/10/2018
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 (ALF) A Revisit to 02/08/18 Complaint Survey (CCR#: 2017014704) in conjunction with Complaint Survey (CCR#: 2018001195) was conducted at Westbrooke Manor Assisted Living Facility (ALF) on 04/10/18. Westbrooke Manor ALF had corrected all previously cited deficiencies. (License#: 6061)		