

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922279	(X3) DATE SURVEY COMPLETED R 05/14/2018
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 revisit to the complaint investigation #2018001375 was conducted on 05/14/2018. Eastbrooke Gardens, License#5355, did not have deficiencies at the time of the visit.		