

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922281	(X3) DATE SURVEY COMPLETED R 05/31/2018
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 A desk review was conducted to a 04/10/2018 complaint survey on 05/31/2018. The previously cited deficiencies were corrected via desk review.		