STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922279	R **06/19/2018**
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

6/19/18 desk review completed to Extended Congregate Care Monitoriong. Eastbrooke Gardens, license # 5355, had no deficiencies at the time of the review.