STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922281	R **01/04/2019**
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

An onsite revisit was conducted on 1/4/2019 for Westbrooke Manor(Lic. #6061). The deficient practice previously cited on 11/13/2018 was corrected during the review.