

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922279	(X3) DATE SURVEY COMPLETED 01/14/2019
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 complaint investigation #2018015580 was conducted on 1/14/19. Eastbrooke Gardens Assisted Living Facility, License #5355 had no deficiencies at time of the visit.		