

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967857	(X3) DATE SURVEY COMPLETED 06/17/2013
NAME OF PROVIDER OR SUPPLIER Brentwood Senior Living Community	STREET ADDRESS, CITY, STATE, ZIP CODE 6280 Central Ave, Ste 312 Saint Petersburg, FL 33707	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on 6/17/13.

The Brentwood Senior Living Facility, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 5, 2013

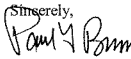
Administrator
Brentwood Senior Living Community
6280 Central Ave, Ste 312
Saint Petersburg, FL 33707

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) that was conducted on June 17, 2013, by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

For

PRC/kpr

Enclosure: State Form 3020

