

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/21/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967857	(X3) DATE SURVEY COMPLETED 09/14/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

Two complaint surveys, CCR#2015006845 and CCR#2015008647, were conducted on 9/14/15.

The Brentwood Senior Living Community Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2015

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

RE: CCR# 2015006845 & 2015008647

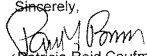
Dear Administrator:

This letter reports the findings of two complaint surveys completed on September 14, 2015, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during these surveys.

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(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

