STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969133	**02/20/2017**
NAME OF PROVIDER OR SUPPLIER **BRILLIANCE LIVING CORPORATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **699 N DIXIE FREEWAY** **NEW SMYRNA BEACH, FL 32168**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On 2/20/2017, an initial licensure survey was conducted at Brilliance Assisted Living. Deficient practice was not identified during the survey.