

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/28/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942763	(X3) DATE SURVEY COMPLETED 04/20/2017
NAME OF PROVIDER OR SUPPLIER BRENTWOOD RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 WEST ALPHA COURT LECANTO, FL 34461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint investigation (CCR#2017000940, #2017001246, #2017003577 and #2017002492) was conducted at Brentwood Retirement Community (facility license number 4987) on 4/19/2017 through 4/20/2017. No deficiencies were identified during the visit.		