

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968282	(X3) DATE SURVEY COMPLETED R 04/28/2017
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT FORE RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 4511 SW 48TH AVE OCALA, FL 34474	

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

0000 - Initial Comments

A desk review was conducted on 4/28/2017 as follow-up to complaint survey (CCR#2017000903, #2017001130, #2017001147, #2017001148) for Brentwood At Fore Ranch (facility license number 12234). The previously cited deficiency was cleared as a result of the desk review.