

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968282	(X3) DATE SURVEY COMPLETED R 05/05/2017
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

An unannounced follow up to a complaint survey (CCR 2016014126) was conducted on May 5, 2017 at Brentwood At Fore Ranch Assisted Living Facility (License #12234) in Ocala, FL. Brentwood At Fore Ranch Assisted Living Facility had no deficiencies at the time of the survey .