STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942763	**09/29/2017**
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

On September 29, 2017, a biennial with Extended Congregate Care relicensure survey was conducted at Brentwood Retirement Community Assisted Living Facility (license No. 4987). No deficient practice was identified at the time of survey.