STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965107	R **11/06/2017**
NAME OF PROVIDER OR SUPPLIER **BRIGHTON GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **16702 NORTH DALE MABRY** **TAMPA, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 11/06/17 to the biennial state relicensure survey with extended congregate care (ECC) of 9/25/17. At the time of the desk review, it was determined that the previously cited deficiencies at Brighton Gardens, Assisted Living Facility, had been corrected.

(License # 9610)