| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968282** | R<br>**01/30/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BRENTWOOD AT FORE RANCH** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4511 SW 48TH AVE**<br>**OCALA, FL 34474** | |

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

**0000 - Initial Comments**

An unannounced second follow up survey to complaint survey (CCR#2017009632) was conducted on 01/30/2018 at Brentwood at Foreranch Assisted Living Facility (License #12234), Ocala, FL. The previously identified deficiency was corrected - no deficient practice was identifed on the day of the survey.