

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942763	(X3) DATE SURVEY COMPLETED 05/11/2018
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 May 11, 2018 an Extended Congregate Care Monitoring survey was conducted at Brentwood Retirement Community, an Assisted Living Facility, License number 4987. No deficient practice was identified during survey.