

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968282	(X3) DATE SURVEY COMPLETED R 05/28/2018
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

On May 28th 2018 a Desk Review follow-up was conducted on Brentwood at Fore Ranch Assisted Living Facility. No deficient practice was identified at this time.