

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967857	(X3) DATE SURVEY COMPLETED R 06/26/2018
NAME OF PROVIDER OR SUPPLIER BRENTWOOD SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6280 CENTRAL AVE, STE 312 SAINT PETERSBURG, FL 33707	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A revisit was conducted on 6/26/18 at Brentwood Senior Living, an assisted living facility. At the time of the revisit, the facility had no deficient practice. (license# 11812)		