

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969133	(X3) DATE SURVEY COMPLETED 06/19/2018
NAME OF PROVIDER OR SUPPLIER BRILLIANCE LIVING CORPORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 699 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168	

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

0000 - Initial Comments

An unannounced complaint investigation, CCR#2018005828 was conducted on 6/19/18 at Brilliance Assisted Living in New Symrna Beach, Florida. Deficiencies were not found during complaint survey.