STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965107	**10/12/2018**
NAME OF PROVIDER OR SUPPLIER **BRIGHTON GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **16702 NORTH DALE MABRY** **TAMPA, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#: 2018010797) was conducted at Brighton Gardens Assisted Living Facility on 10/12/2018. There was no deficient practice identified at Brighton Gardens at the time of the survey.

(License#: 9610)