STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969474	**12/28/2018**
NAME OF PROVIDER OR SUPPLIER **BRENDLYN ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 FIELDSTONE LN** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

On 12/28/18 an announced initial licensure survey was conducted at Brendlyn Assisted Living LLC .
Deficient practice was not identified during the survey.