

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967857	(X3) DATE SURVEY COMPLETED R 01/10/2019
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 second revisit was conducted on 1/9/19 at Brentwood. At the time of the survey, the facility had no deficient practice. License # 11812		