

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968282	(X3) DATE SURVEY COMPLETED R-C 12/28/2018
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT FORE RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 4511 SW 48TH AVE OCALA, FL 34474	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On December 28, 2018, an unannounced follow up to complaint investigation survey (CCR #2018010421, #2018010716, #2018010919 and #2018012764) was conducted at Fore Ranch Senior Housing LLC, dba Brentwood at Fore Ranch (License #12234). No deficient practice was identified at the time of the survey.		