

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942763	(X3) DATE SURVEY COMPLETED R-C 02/01/2019
NAME OF PROVIDER OR SUPPLIER BRENTWOOD RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 WEST ALPHA COURT LECANTO, FL 34461	

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

0000 - Initial Comments

On February 1, 2019, an unannounced follow-up to complaint investigation survey (CCR #2018012938) was conducted at Brentwood Retirement Community Assisted Living Facility (License #4987), Lecanto, FL. No deficient practice was identified at the time of the survey.