

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965107	(X3) DATE SURVEY COMPLETED 02/07/2019
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#: 2018017809) was conducted at Brighton Gardens Assisted Living Facility on 02/07/19. There was no deficient practice identified at Brighton Gardens Assisted Living Facility at the time of the survey. (License#: 9610)		