STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969133	R **03/28/2019**
NAME OF PROVIDER OR SUPPLIER **BRILLIANCE LIVING CORPORATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **699 N DIXIE FREEWAY** **NEW SMYRNA BEACH, FL 32168**	

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

0000 - Initial Comments

All of the deficiencies were corrected at the time of the desk review.