STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965107	**05/22/2019**
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 Investigation (Complaint Number: 2019003617) was conducted at Brighton Gardens Assisted Living Facility on 05/22/19. The facility had no deficiencies at the time of the survey.