



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 24, 2013

Administrator  
Brentwood Retirement Community  
1900 West Alpha Court  
Lecanto, FL 34461

Re: CCR 2013003544

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 7, 2013 by representative(s) of this office. Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/24/2013  
FORM APPROVED

|                                                                                                        |                                                                                                 |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11942763</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>10/07/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Brentwood Retirement<br/>Community</b>                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1900 West Alpha Court<br/>Lecanto, FL 34461</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

**Revisit Corrected Tags:**

0030-Resident Care - Rights & Facility Procedures-10/07/2013  
0054-Medication - Records-10/07/2013