



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 1, 2016

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

RE: CCR #2016005134

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 12, 2016 by arepresentative(s) of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/01/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942763	(X3) DATE SURVEY COMPLETED 07/12/2016
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 July 12, 2016, a complaint survey (CCR#2016005134) was conducted at Brentwood Retirement Community (facility license number #4987). The facility was in compliance at this time.