STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965107	**06/01/2017**
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

An Extended Congregate Care (ECC) Monitoring Visit was conducted at Brighton Gardens of Tampa Assisted Living Facility on 06/01/17. No deficiencies were identified at the time of the visit.

(License # 9610)