

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942763	(X3) DATE SURVEY COMPLETED 08/10/2017
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 An unannounced complaint investigation (CCR #2017004609) was conducted at Brentwood Retirement Community (Facility License number 4987) on 8/10/2017. No deficiencies were identified during the visit.		