STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942763	C **03/08/2018**
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 3/8/2018, a Complaint survey was conducted at Brentwood Retirement Community. No deficient practice was identified during survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942763	C **03/08/2018**
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 March 8th, 2018 a Complaint #2018003175 survey was conducted at Brentwood Retirement Community Assisted Living (AL11942763). No deficient practice was identified during survey.