

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965363	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/10/2012
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Name of Facility SUPERIOR RESIDENCES OF BRANDON MEMORY CARE	Street Address, City, State, Zip Code 1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix AE208 Reg. # 58A-5.030(9) FAC LSC	Correction Completed 10/10/2012	ID Prefix AN278 Reg. # 58A-5.031(3) FAC LSC	Correction Completed 10/10/2012	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency CMS RO	Reviewed By <i>Paul Bmm</i>	Date: 10/24/12	Signature of Surveyor:	Date:
Followup to Survey Completed on: 7/30/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

October 24, 2012

Administrator
Superior Residences of Brandon Memory Care
1819 Providence Ridge Blvd.
Brandon, FL 33511

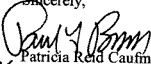
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on October 10, 2012, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

