Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965363	A. BUILDING _____ B. WING _____	01/28/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPERIOR RESIDENCES OF BRANDON MEMC	1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Facility A limited nursing services (LNS) and extended congregate care (ECC) monitoring visit was completed on 1/28/13 in conjunction with a complaint survey, CCR# 2013000187, see (Aspen Event 66NE11). The Superior Residences of Brandon Memory Care, assisted living facility, had no deficiencies found at the time of the visit.	A 000		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

February 5, 2013

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

Re: CCR# 2013000187 & ECC/LNS Monitoring Visit

Dear Administrator:

This letter reports the findings of a complaint survey and an extended congregate care (ECC) and limited nursing services (LNS) monitoring visit completed on January 28, 2013, by representatives of this office.

Attached are the provider's copies of the State (3020) Forms, indicating no deficiencies were identified during these surveys.

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

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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