STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965363	**12/20/2013**
NAME OF PROVIDER OR SUPPLIER **Superior Residences Of Brandon Memory Care**	STREET ADDRESS, CITY, STATE, ZIP CODE **1819 Providence Ridge Blvd. Brandon, FL 33511**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Two complaint surveys, CCR# 2013012747 and CCR# 2013009789, were completed on 12/12/13-12/20/13.

The Superior Residences of Brandon Memory Care, assisted living facility, had no deficiencies at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 26, 2013

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

Re: CCR# 2013012747 & CCR# 2013009789

Dear Administrator:

This letter reports the findings of two complaint surveys completed on December 12-20, 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, 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 surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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