AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965363	**04/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUPERIOR RESIDENCES OF BRANDON MEMORY CARE	**1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2015000615 & CCR# 2015001837, were conducted on 3/31/15 & 4/01/15, in conjunction with a biennial state licensure survey with extended congregate care (ECC) & limited nursing services (LNS).

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 10, 2015

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

RE: Biennial with ECC & **CCR #2015000615 & 2015001837**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) and two complaint surveys conducted on March 31, 2015 & April 1, 2015, by representative(s) of this office.

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

Sincerely,

Paul Y Brown

FAR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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