

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965363	(X3) DATE SURVEY COMPLETED R 03/13/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Desk Review was conducted on 03/13/17. The deficient practice previously identified during complaint survey #CCR2016014581 was corrected during the review.

Lic # 9739