

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965363	(X3) DATE SURVEY COMPLETED 03/23/2017
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 Assisted Living Facility Superior Residences of Brandon Memory Care, License #9739 A Complaint Investigation (CCR#2017002033) was conducted at Superior Residences of Brandon Memory Care on 3/22/17 and 3/23/17. The Superior Residences of Brandon Memory Care had no deficiencies at the time of the investigation. License (#9739)		