STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965363	R **05/22/2017**

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

A desk review was conducted on 5/22/17 to the biennial state licensure survey with extended congregate care (ECC) and limited nursing services (LNS) of 3/23/17. At the time of the desk review, it was determined that the previously cited deficiency had been corrected.