STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965614	**11/16/2017**
NAME OF PROVIDER OR SUPPLIER **HAWTHORNE INN OF BRANDON**	STREET ADDRESS, CITY, STATE, ZIP CODE **859 W LUMSDEN ROAD** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017009564), was conducted at Hawthorne Inn of Brandon in conjunction with an abbreviated biennial state licensure survey with Extended Congregate Care (ECC) on 11/16/17. Hawthorne Inn of Brandon had no deficiencies related to the complaint investigation.

(License # 9949)