

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965363	(X3) DATE SURVEY COMPLETED R 12/14/2017
NAME OF PROVIDER OR SUPPLIER 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 On , a desk review to an off-hours complaint investigation, (CCR# 2017009184), of , was completed at , Residences of Brandon Memory Care, Assisted Living Facility. At the time of the desk review, it was determined that the previously cited deficiency had been corrected. (License # 9739)		