STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965614	R **01/08/2018**
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 desk review was conducted on 1/08/18 to the abbreviated biennial state licensure survey of 11/16/17. At the time of the desk review, it was determined that the previously cited deficiencies at Hawthorne Inn of Brandon, Assisted Living Facility, had been corrected.

(License # 9949)