

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969348	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER TESSERA OF BRANDON	STREET ADDRESS, CITY, STATE, ZIP CODE 1320 OAKFIELD DR BRANDON, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On April 4, 2018 an Initial Licensure Survey was conducted at Tessera of Brandon. No deficiencies were identified during the visit.		