

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965363	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER SUPERIOR 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 An LNS (Limited Nursing Services) and ECC (Extended Congregate Care) monitoring survey was conducted on 5/8/18 at Superior Residences of Brandon (license #9739), an Assisted Living Facility in Brandon, Florida. At the time of the survey, the facility had no deficient practice. This Statement of Deficiencies was amended on 05/30/2018.		