STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965499	**07/24/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIVE-IN OF BRANDON**	STREET ADDRESS, CITY, STATE, ZIP CODE **619 PRINCETON STREET** **BRANDON, FL 33511**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey (CCR#2018007726) was conducted at Southern Live-In of Brandon assisted living facility on 7/24/2018 in conjunction with an abbreviated biennial re-licensure survey. There were no deficiencies related to the complaint at the time of the survey.

(License# 9890)