STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965499	R **09/07/2018**
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 follow-up to a 07/24/18 biennial survey was conducted at Southern Live-In of Brandon on 09/07/2018.
The previously cited deficiency was found corrected via desk review.

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