STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965363	**10/08/2018**
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

A Complaint Survey (CCR#: 2018013068) was conducted in conjunction with a Revisit to an 08/09/18 Complaint Survey (CCR#: 2018009209 and 2018007610 a Revisit to 08/09/18 Change of Ownership Survey at Superior Residences of Brandon Memory Care Assisted Living Facility on 10/08/18. There was no deficient practice identified at Superior Residences of Brandon Memory Care Assisted Living Facility related to the complaint at the time of the survey.

(License#: 9739)