

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965363	(X3) DATE SURVEY COMPLETED R 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 Revisit to an 08/09/18 Change of Ownership Survey was conducted in conjunction with a Complaint Survey (CCR#: 2018013068) and in conjunction with a Revisit to an 08/09/18 Complaint Survey (CCR#: 2018009209 and 2018007610) at Superior Residences of Brandon Memory Care Assisted Living Facility on 10/08/18. Superior Residences of Brandon Memory Care Assisted Living Facility had no deficient practice related to this revisit identified at the time of the survey. (License#: 9739)		