

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969348	(X3) DATE SURVEY COMPLETED 01/23/2019
NAME OF PROVIDER OR SUPPLIER TESSERA OF BRANDON	STREET ADDRESS, CITY, STATE, ZIP CODE 1320 OAKFIELD DR BRANDON, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR# 2018015575) was conducted on 1/23/19. The Tessera of Brandon, Assisted Living Facility (License #13150), had no deficiencies at the time of this visit.		