

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965499	(X3) DATE SURVEY COMPLETED 01/31/2019
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 investigation (CCR# 2018017572) was conducted on 1/31/19. The Southern Live-In of Brandon (Assisted Living Facility License # 9890) had no deficiencies at the time of this visit.		