STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965363	**02/01/2019**
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#: 2018018388 and 2019000140) in conjunction with a Revisit to 08/09/18 Complaint Survey (CCR#: 2018000209 and 2018007610) was conducted at Superior Residences of Brandon Memory Care Assisted Living Facility on 02/01/2019. There was no deficient practice identified at Superior Residences of Brandon Memory Care Assisted Living Facility at the time of the survey.

(License#: 9739)