STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911452	12/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun City Senior Living	**3855 Upper Creek Drive Ruskin, FL 33573**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-12/03/2014
0052-Medication - Assistance With Self-Admin-12/03/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-12/03/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 11, 2014

Administrator
Sun City Senior Living
3855 Upper Creek Drive
Ruskin, FL 33573

RE: Revisit & **CCR #2014009869**

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and a complaint survey completed on December 3, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey, and the deficiencies were corrected during the revisit.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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