

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911452	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER Sun City Senior Living	STREET ADDRESS, CITY, STATE, ZIP CODE 3855 Upper Creek Drive Ruskin, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted LivingFacility

A complaint survey, CCR# 2014012309, was conducted on 3/12/15.

Sun City Senior Living, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 19, 2015

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

RE: CCR# 2014012309

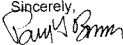
Dear Administrator:

This letter reports the findings of a complaint survey completed on March 12, 2015, by representative(s) of this office.

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

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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

