STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968715	**04/23/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
INSPIRED LIVING AT SUN CITY CENTER	**1320 33RD ST SE SUN CITY CENTER, FL 33570**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

LIMITED NURSING SERVICES MONITORING VISIT, 04/23/15.

Inspired Living at Sun City Center, an Assisted Living Facility, had no deficiencies at the time of the Monitoring Visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 28, 2015

Administrator
Inspired Living At Sun City Center
1320 33rd Street SE
Sun City Center, FL 33570

Dear Administrator:

This letter reports findings of a Limited Nursing Services (LNS) monitoring visit that was conducted on April 23, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

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

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