

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/13/2015  
FORM APPROVED

|                                                                                                         |                                                                                             |                                                     |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                               | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11911452</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>05/06/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUN CITY SENIOR LIVING</b>                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3855 UPPER CREEK DRIVE<br/>RUSKIN, FL 33573</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION) |                                                                                             |                                                     |

**0000 - Initial Comments**

Assisted Living Facility

A complaint survey, CCR# 2015001562, was conducted on 5/6/15.

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 13, 2015

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

**RE: CCR# 2015001562**

Dear Administrator:

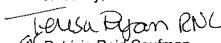
This letter reports the findings of a complaint survey completed on May 6, 2015, by representative(s) of this office.

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,

  
Patricia Reid Cauffman  
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

