

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/19/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964842	(X3) DATE SURVEY COMPLETED 05/14/2015
NAME OF PROVIDER OR SUPPLIER BELVEDERE COMMONS OF SUN CITY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 758 CORTARO DRIVE SUN CITY CENTER, FL 33573	

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

0000 - Initial Comments

Assisted Living Facility

A capacity increase appraisal visit was conducted on 5/14/15.

Belvedere Commons of Sun City Center, Assisted Living Facility,
had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 19, 2015

Administrator
Belvedere Commons Of Sun City Center
758 Cortaro Drive
Sun City Center, FL 33573

Dear Administrator:

This letter reports findings of a capacity increase appraisal visit that was conducted on May 14, 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 Cauffman
Field Office Manager

PRC/src

Enclosure: State (5000-3547) Form

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