AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911452	**07/22/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

ASSISTED LIVING FACILITY

Two unannounced Complaint (CCR# 2015005000 & 2015005618) Surveys, were conducted on 7/22/2015.

The Sun City Senior Living, Assisted Living Facility, had no deficiencies at the time of the visit.

This was done in conjunction with a Biennial Licensure Survey with Limited Nursing Services (LNS) -

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 27, 2015

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

RE: CCR #2015005000, 2015005618 & Biennial

Dear Administrator:

This letter reports the findings of two complaint surveys and a biennial state licensure survey with limited nursing services (LNS) monitoring visit completed on July 22, 2015 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.

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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