

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/06/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968715	(X3) DATE SURVEY COMPLETED 11/29/2016
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT SUN CITY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 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

An unannounced Biennial licensure survey with Limited Nursing Services (LNS) was conducted on 11/29/16.

The Inspired Living at Sun City Center, Assisted Living Facility (License #12603), had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 6, 2016

Administrator
Inspired Living at Sun City Center
1320 33rd St Se
Sun City Center, FL 33570

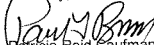
Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on November 29, 2016, 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/kpr

Enclosure: State (5000-3547) Form

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