

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910054	(X3) DATE SURVEY COMPLETED R 03/13/2017
NAME OF PROVIDER OR SUPPLIER SUN TOWERS RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TRINITY LAKES 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 Desk Review was conducted on 03/13/17. The deficiencies previously identified during the 01/19/17 relicensure survey were corrected during the review. Lic# 4991		