STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	**03/07/2017**
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

On March 7, 2017, a complaint survey, (CCR# 2016014587), was conducted at Sun Towers Retirement Community. No deficiencies were found during the visit.

(license # 4991)