STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911452	R **09/26/2017**
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

A desk review was conducted on 9/26/17 to the biennial state licensure survey of 8/10/17. It was determined at the time of the desk review that the previously cited deficiencies at Sun City Senior Living had been corrected.

(License # 7290)