

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968715	(X3) DATE SURVEY COMPLETED R 11/21/2017
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 A revisit to a complaint survey, (CCR# 2017006804), from 09/05/2017 was conducted on 11/21/17, at Inspired Living at Sun City Center. The deficient practice previously cited on 9/5/17 was corrected during the revisit. (License # 12603)		