

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910054	(X3) DATE SURVEY COMPLETED R 07/03/2018
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 7/03/18 to the extended congregate care (ECC) monitoring visit of 5/03/18. At the time of the desk review, it was determined that the previously cited deficiencies at Sun Towers Retirement had been corrected. (License # 4991)		