| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910054** | R<br>**07/03/2018** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SUN TOWERS RETIREMENT COMMUNITY** | **101 TRINITY LAKES DRIVE**<br>**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 to the complaint surveys, (CCR# 2018002160 & CCR# 2018002263), was conducted on 7/03/18. At the time of the desk review, it was determined that the previously cited deficiencies at Sun Towers Retirement, Assisted Living Facility, had been corrected.

(License # 4991)