

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910054	(X3) DATE SURVEY COMPLETED 07/23/2018
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 An Extended Congregate Care (ECC) monitoring survey, in conjunction with a complaint investigation, was conducted on 7/23/18. The Sun Towers Retirement Community, Assisted Living Facility /License #4991, had no deficiencies at the time of this visit.		