| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910054** | **07/23/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SUN TOWERS RETIREMENT COMMUNITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**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 Complaint Investigation (CCR#2018007598), in conjunction with a monitoring survey, was conducted at Sun Towers Retirement Community on 7/23/18. Sun Towers Retirement Community had no deficiencies at the time of the investigation.

License (#4991)