

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/14/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968715	(X3) DATE SURVEY COMPLETED 12/11/2018
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 monitoring visit was conducted at Inspired Living at Sun City Center on 12-11-18. (License #12603)		