

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968715	(X3) DATE SURVEY COMPLETED 01/08/2019
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 for resident's well-being was conducted on 11-08-19 at Inspired Living at Sun City Center in conjunction with complaint CCR#2018018301. No deficiencies were cited for the monitoring visit. Deficient practice was cited for the complaint. (License#12603)		