STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968715	R **02/01/2019**
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 Faciltiy

A revisit to a 12/03/2019 complaint CCR# 2018017527 was conducted on 02/01/2019 at Inspired Living at Sun City Center. At the time of the revisit, the facility had no deficient practice.

(Lic# 12603)