STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	R **04/22/2019**
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

A follow-up to a 3/4/19 abbreviated biennial survey was conducted on 4/22/19 for Sun Towers Retirement Center. The previously cited deficient practice was found corrected via desk review.