

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968715	(X3) DATE SURVEY COMPLETED R 04/15/2019
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 A revisit to a complaint survey (complaint numbers 2019001024 and 2019001197) was conducted at Inspired Living at Sun City Assisted Living Facility on 4/15/2019. Deficiencies were found to be corrected at the time of the survey		