STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942783	**09/24/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fairway Pines At Sun N Lake	**5959 Sun N' Lake Blvd. Sebring, FL 33872**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tag:

0004-Licensure - Requirements 58A-5.016 FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2014

Administrator
Fairway Pines At Sun N Lake
5959 Sun N' Lake Blvd.
Sebring, FL 33872

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and Capacity Increase, conducted on September 24, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Paul Brown, HFES, at (727) 552-2000.

Sincerely,

Paul M Brown

Patricia Reid Caufman
FOR Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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