

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910085	(X3) DATE SURVEY COMPLETED 04/08/2015
NAME OF PROVIDER OR SUPPLIER PALMS OF SEBRING (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 725 S. PINE STREET SEBRING, FL 33870	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial with Limited Nursing Services survey was conducted on 4/8/2015.

Palms of Sebring, had no deficiencies at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 17, 2015

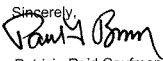
Administrator
Palms Of Sebring (the)
725 S. Pine Street
Sebring, FL 33870

Dear Administrator:

This letter reports findings of a biennial state licensure survey and a limited nursing services (LNS) monitoring visit that was conducted on April 8, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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