

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/04/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911257	(X3) DATE SURVEY COMPLETED 04/20/2015
NAME OF PROVIDER OR SUPPLIER SIM LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4111 NIGERIA ROAD SEBRING, FL 33875	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility Sim Lodge, had no deficiencies at the time of visit. An unannounced Biennial Survey was conducted on 4/20/2015.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 4, 2015

Administrator
Sim Lodge
4111 Nigeria Road
Sebring, FL 33875

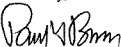
Dear Administrator:

This letter reports findings of a Biennial state licensure survey that was conducted on April 20, 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/src
Enclosure: State (5000-3547) Form

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