

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942783	(X3) DATE SURVEY COMPLETED R 03/07/2017
NAME OF PROVIDER OR SUPPLIER FAIRWAY PINES AT SUN N LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 5959 SUN N' LAKE BLVD. SEBRING, FL 33872	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 03/07/17. The deficient practice previously identified during the LNS Monitoring visit of 01/31/17 was corrected during the review. Lic# 5105		