STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911257	**03/23/2017**
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

An Abbreviated Biennial survey was conducted at Sims Lodge Assisted Living Facility on 3/23/2017.
Sims Lodge Assisted Living Facility had no deficient practice identified during survey.

License: 5230