

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910085	(X3) DATE SURVEY COMPLETED 04/11/2017
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 A complaint investigation, (CCR# 2017001031), was conducted at The Palms of Sebring, (Lic. #4693), on 4/11/17 in conjunction with an abbreviated biennial relicensure survey with Limited Nursing Services (LNS). No deficiencies were identified at the time of the investigation.		