STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910085	R **06/06/2017**
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

A Revisit to a Biennial Licensure survey with LNS was conducted at Palms of Sebring Assisted Living Facility on 06/06/17. The deficient practice previously identified was corrected during the revisit.

Lic # 4693