STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965745	**10/02/2017**
NAME OF PROVIDER OR SUPPLIER **MARANATHA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **54 MARANATHA BLVD.** **SEBRING, FL 33870**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey was conducted on 10/2/17. The Maranatha Manor, Assisted Living Facility, (License # 10086), had no deficiencies at the time of this visit.