STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942783	**01/08/2018**
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

On January 8, 2018, a complaint investigation, (CCR# 2017014349), was conducted at Fairway Pines at Sun N Lake (Lic. # 5105). Fairway Pines at Sun N Lake, Assisted Living Facility, had no deficiencies at the time of the investigation.