STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964377	**02/13/2018**
NAME OF PROVIDER OR SUPPLIER **SUNNY HILLS OF SEBRING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 COMMERCE CENTER DR** **SEBRING, FL 33870**	

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

0000 - Initial Comments

Assisted Living Facility

On 2/13/2018, a biennial re-licensure survey with limited nursing services (LNS) was conducted at Sunny Hills of Sebring, Assisted Living Facility. There was no deficient practice identified during the surveys.

(License # 9001)