STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942783	**03/29/2018**
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

A complaint (CCR# 2018000873) survey was conducted at Fairway Pines At Sun N Lake Assisted Living Facility on 3/39/2018. Fairway Pines At Sun N Lake Assisted Living Facility had no deficient practice identified at the time of the survey.

License: 5105