STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911257	**09/05/2018**
NAME OF PROVIDER OR SUPPLIER **SIM LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4111 NIGERIA ROAD** **SEBRING, FL 33875**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced monitoring visit, related to the emergency environmental control plan, was conducted at Sim Lodge Assisted Living Facility (license 5230), Sebring, Florida, on 9/5/2018. Sim Lodge had no deficient practice at the time of the monitoring visit.