

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964377	(X3) DATE SURVEY COMPLETED 11/19/2018
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 A monitoring visit for resident well-being was conducted on 11/19/2018 for Sunny Hills of Sebring (License #9001) an assisted living facility in Sebring, Florida.		