

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964377	(X3) DATE SURVEY COMPLETED R 02/26/2019
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 An revisit survey, in conjunction with a Limited Nursing Services (LNS) monitoring survey, was conducted on 2/26/19. The Sunny Hills of Sebring, Assisted Living Facility /License #9001, had no deficiencies at the time of this visit.		