STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910085	R **04/16/2019**
NAME OF PROVIDER OR SUPPLIER **PALMS OF SEBRING (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **725 S. PINE STREET** **SEBRING, FL 33870**	

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

0000 - Initial Comments

A revisit survey to a change of ownership survey with Limited Nursing Services was conducted on 4/16/19 at The Palms of Sebring, an Assisted Living Facility in Sebring, Florida.

There were no deficiencies found at the time of the visit.