STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942783	R 05/20/2019
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

A second revisit to a biennial survey with Limited Nursing Services, in conjunction with investigation of Complaint Number 2019007412, was conducted at Fairway Pines at Sun 'N Lake (Assisted Living Facility) on . . . . . The provider had a deficiency at the time of the visit.

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interview, the facility (with a current census of 86 residents) continued to fail to ensure operation on a sound financial basis by failing to ensure timely payments for water and sewer billing.

Findings Included:

A second record review of the facility's utility billing and payments was conducted on . . . . . Review of the facility's water and sewer bill for use through revealed a total amount due of $18,109.42 of which $14,270.76 was past due. Review on of the facility's water and sewer bill dated . . . indicated a past due amount of $11,424.73 and current due amount of $3051.68, for a total of $14,476.41 due by . . . . . Surveyor observed printed on overdue bill: "Please submit payment on time to avoid service disconnection" and "Past due balance must be paid by the current due date to avoid service interruption."

The Administrator stated on . . . . . at 2:00pm that the documentation of utility billing and evidence of late payment was correct and acknowledged concern for facility residents.

Class III