STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942783	**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 complaint investigation (complaint number 2019007412) and second revisit to a biennial survey with Limited Nursing Services was conducted at Fairway Pines at Sun N Lake (Assisted Living Facility) on 5/20/19. The facility had no deficiencies at the time of the survey.