

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964377	(X3) DATE SURVEY COMPLETED R 06/03/2019
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

A revisit to a biennial survey was conducted at Sunny Hills of Sebring (Assisted Living Facility) on 6/3/2019. Deficiencies were found to be corrected at the time of the survey.