STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911257	R **06/19/2019**
NAME OF PROVIDER OR SUPPLIER **SIM LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4111 NIGERIA ROAD** **SEBRING, FL 33875**	

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

0000 - Initial Comments

A follow up survey was conducted on 06/19/2019 for Sim Lodge an Assisted Living Facility. Previous cited deficiencies were corrected via desk review.