

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964377	(X3) DATE SURVEY COMPLETED 05/04/2017
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 Assisted Living Facility A complaint survey, CCR# 2017001376, was conducted at Sunny Hills of Sebring, Assisted Living Facility, on 5/4/2017. Sunny Hills of Sebring, Assisted Living Facility, had no deficient practice identified at the time of the visit. (License # 9001)		