

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968399	(X3) DATE SURVEY COMPLETED 07/15/2014
NAME OF PROVIDER OR SUPPLIER Sloan Home Of Central Florida Inc II	STREET ADDRESS, CITY, STATE, ZIP CODE 505 Harbor Point Blvd Orlando, FL 32835	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-07/15/2014

0084-Training - Assis Self-Admin Meds & Med Mgmt-07/15/2014

Specific Tag Findings:

0000-Initial Comments

A revisit was conducted on 7/15/2014. Sloan Home of Central Florida II had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 16, 2014

Administrator
Sloan Home Of Central Florida Inc II
505 Harbor Point Blvd
Orlando, FL 32835

RE: Revisit to LNS monitoring

Dear Administrator:

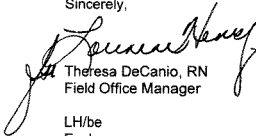
This letter reports the findings of a state licensure LNS survey revisit conducted on July 15, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

