STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910522	**10/28/2015**
NAME OF PROVIDER OR SUPPLIER **SLC OF SORRENTO, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **336 MONET DRIVE** **NOKOMIS, FL 34275**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR #2015009952 was conducted 10/28/15 at SLC of Sorrento an assisted living facility in Nokomis, Florida.

The complaint contained 4 allegations, of which 1 was substantiated without deficiency. The remaining allegations were not substantiated.
No deficiencies were identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 2, 2015

Administrator
Slc Of Sorrento, Inc.
336 Monet Drive
Nokomis, FL 34275

RE: CCR #2015009952

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 28, 2015 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 surveyos. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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