STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968399	**10/13/2016**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On October 13, 2016, a biennial re-licensure survey was conducted at Sloan Home of Central Florida, Inc. II. No deficient practice was identified during the survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 19, 2016

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

RE: Re-licensure survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 13, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

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