STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967402	R **07/07/2017**
NAME OF PROVIDER OR SUPPLIER **EXCELSIOR OMEGA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15 DADE AVE** **SARASOTA, FL 34232**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 7/7/17 for Excelsior Omega, an assisted living facility (license #11449) located in Sarasota, Florida. The follow-up was in response to the complaint survey for CCR# 2017004562 which was completed 5/17/17.

Based on the facility's supporting documentation, the deficiencies were corrected as of 7/7/17.