STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910522	R **12/01/2017**
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

A follow-up by desk review was conducted on 12/1/17 for SLC of Sorrento, Inc., an assisted living facility (license #7538) in Nokomis, Florida.

The follow-up was in response to the complaint survey for CCR# 2017010335 which was conducted on 10/12/17.

Based on the facility's supporting documentation, the deficiencies were corrected as of 12/1/17.