STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910522	R **01/17/2018**
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 1/17/18 for SLC Sorrento, an assisted living facility (license #7538) in Nokomis, Florida.

The follow-up was in response to the relicensure survey which was conducted on 1/2/18.

Based on the facility's supporting documentation, the deficiencies were corrected as of 1/17/18.