STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967402	R **03/06/2018**
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

An unannounced revisit survey was conducted on 3/6/18 at Excelsior Omega Inc., an assisted living facility (license #11449) in Sarasota, Florida.

The previous deficiencies were found corrected and no new deficiencies were identified.