| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965366** | R<br>**09/26/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SLOAN HOME OF CENTRAL FL INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**307 S HIAWASSEE RD**<br>**ORLANDO, FL 32835** | |

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

**0000 - Initial Comments**

A second revisit to the re-licensure survey was conducted on 09/26/2018. Sloan Home of Central Florida Inc. Assisted Living Facility, license #9775, had no deficiencies at the time of the visit.