STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968399	R **11/29/2018**
NAME OF PROVIDER OR SUPPLIER **SLOAN HOME OF CENTRAL FLORIDA INC II**	STREET ADDRESS, CITY, STATE, ZIP CODE **505 HARBOR POINT BLVD** **ORLANDO, FL 32835**	

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

0000 - Initial Comments

A revisit to a re-licensure survey was conducted on 11/29/2018. Sloan Home of Central Florida Inc. II Assisted Living (License #12286) had no deficiencies at the time of the visit.