

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910522	(X3) DATE SURVEY COMPLETED 12/13/2018
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

An unannounced emergency power plan monitoring survey was conducted on 12/13/18 at SLC of Sorrento, Inc., an assisted living facility (license #7538) in Sarasota, Florida.

No deficiencies were identified at the time of the visit.