

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967402	(X3) DATE SURVEY COMPLETED 02/25/2019
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 emergency power plan monitoring visit was conducted on 2/25/19 at Excelsior Omega Inc, an assisted living facility (license #11449) in Sarasota, Florida. No deficiencies were found at the time of the visit.		