STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968399	R **03/20/2019**
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

An unannounced monitoring revisit related to emergency environmental control plan was conducted on 3/20/19. Sloan Home of Central Florida Inc. II, had no deficiencies at the time of the visit.