

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965366	(X3) DATE SURVEY COMPLETED 09/28/2018
NAME OF PROVIDER OR SUPPLIER SLOAN HOME OF CENTRAL FL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 307 S HIAWASSEE RD ORLANDO, FL 32835	

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

0000 - Initial Comments

A complaint investigation #2018009937 was conducted on 9/26/18 & 9/28/18. Sloan Home of Central Florida, license #9775, had no deficiencies at the time of the visit.