

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/08/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910796	(X3) DATE SURVEY COMPLETED 06/18/2013
NAME OF PROVIDER OR SUPPLIER Sharondale (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 1743 Sharondale Drive Clearwater, FL 33755	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted on 6/18/13.

The Sharondale, assisted living facility, had no deficiencies at the time of this visit.



FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2013

Administrator
Sharondale (The)
1743 Sharondale Drive
Clearwater, FL 33755

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey that was conducted on June 18, 2013, by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

