

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/17/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910796	(X3) DATE SURVEY COMPLETED 06/10/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On 6/10/15 an Abbreviated Biennial Licensure Survey was conducted. The Sharondale, had no deficiencies at the time of this survey.		



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 17, 2015

Administrator
The Sharondale
1743 Sharondale Drive
Clearwater, FL 33755

Dear Administrator:

This letter reports findings of an Abbreviated Biennial state licensure survey that was conducted on June 10, 2015 by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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