

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/13/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967694	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER SHARING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2897 HARSON WY FORT PIERCE, FL 34946	

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

0000 Initial Comments

On November 5, 2015 a biennial relicensure survey was conducted at Sharing Facility. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 13, 2015

Administrator
Sharing Facility
2897 Harson Wy
Fort Pierce, FL 34946

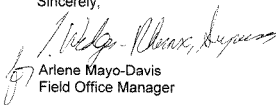
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 5, 2015 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547

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