AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910796	**07/27/2016**
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 July 27, 2016, a monitoring visit for closure was conducted. There was no one at the facility.

(License # 5035)