

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932435	(X3) DATE SURVEY COMPLETED R 03/15/2017
NAME OF PROVIDER OR SUPPLIER SHARICK'S DECK RETIREMENT RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 4506 BRUTON ROAD PLANT CITY, FL 33565	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 03/15/17. The deficient practice previously identified during the relicensure survey on 02/09/17 was corrected during the review.		