STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969073	**03/29/2017**
NAME OF PROVIDER OR SUPPLIER **THE RANCH ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4919 LORRAINE RD** **BRADENTON, FL 34211**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2017003319, was conducted at The Ranch Assisted Living Facility on 3/29/2017. The Ranch Assisted Living Facility had no deficient practice identified at the time of the visit.

(License # 12936)