

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969073	(X3) DATE SURVEY COMPLETED 05/20/2017
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# 2017003071), was conducted at The Ranch ALF on May 20, 2017. No deficiencies were identified at the time of the visit. (License # 12936)		