STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910796	**06/12/2017**
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 June 12, 2017,a biennial re licensure survey was conducted at The Sharondale an assisted Living Facility. No deficient practice was identified at the time of the visit.

(License # 9180)