STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969073	R **10/30/2017**
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

On October 30, 2017, a revisit to a 8/28/17 complaint survey, (CCR# 2017007028), was conducted at The Ranch ALF. All previous cited deficiencies were corrected at the time of the visit.

(License # 12936)