STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967694	**01/10/2018**
NAME OF PROVIDER OR SUPPLIER **SHARING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2897 HARSON WY** **FORT PIERCE, FL 34946**	

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

0000 - Initial Comments

An abbreviated relicensure survey was conducted on 01/10/2018 at Sharing Facility, License # 11722.
The facility had no deficiencies at the time of the visit.