STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932435	**01/04/2019**
NAME OF PROVIDER OR SUPPLIER **SHARICK'S DECK RETIREMENT RANCH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4506 BRUTON ROAD** **PLANT CITY, FL 33565**	

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

0000 - Initial Comments

Assisted Living Facility

On January 4th, 2019 a Complaint Survey (CCR#2018018360) was conducted at Sharick's Deck Retirement Ranch. At the time of the survey, the facility had no deficiencies.

(License #5335)