

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932435	(X3) DATE SURVEY COMPLETED 02/21/2019
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 A complaint investigation (CCR 2019001861) was conducted at Sharick's Deck Retirement Ranch on 2/21/19 in conjunction with a biennial re-licensure survey with limited mental health (LMH). Sharick's Deck Retirement Ranch had no deficiencies related to the investigation. (License 5335)		