STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969065	R **03/18/2019**
NAME OF PROVIDER OR SUPPLIER **SHARON'S SENIOR SERVICES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2270 NW 64TH ST** **MIAMI, FL 33147**	

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

0000 - Initial Comments

A Standard Biennial Survey Third Revisit was conducted on March 18, 2019. Sharon's Senior Services, Inc. had deficiencies identified under the complaint survey.