STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969089	**11/09/2016**
NAME OF PROVIDER OR SUPPLIER **THE SHERIDAN AT COOPER CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2580 PINE ISLAND RD** **COOPER CITY, FL 33024**	

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

0000 Initial Comments

An inital Assisted Living Facility licensure survey with Limited Nursing Services (LNS) was conducted on 11/09/2016 at The Sheridan At Cooper City for a capacity of 126 residents . The facility had no deficiencies identified at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 18, 2016

Administrator
The Sheridan At Cooper City
2580 Pine Island Rd
Cooper City, FL 33024

RE: Initial Licensure survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 9, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

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