

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 06/22/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                            |                                                                                               |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969036</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>06/12/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE SHERIDAN AT LAKEWOOD RANCH</b>                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11705 EVENING WALK DR<br/>BRADENTON, FL 34211</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                    |                                                                                               |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>An unannounced complaint survey, (CCR# 2017002873), was conducted on 6/12/17.</p> <p>The Sheridan at Lakewood Ranch, Assisted Living Facility (License #12858), had no deficiencies at the time of the visit.</p> |                                                                                               |                                                     |