

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964562	(X3) DATE SURVEY COMPLETED 08/18/2017
NAME OF PROVIDER OR SUPPLIER SHERIDAN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH 20TH AVENUE HOLLYWOOD, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Relicensure survey was conducted on 08/18/2017 at Sheridan Manor, License #9093. The facility had no deficiencies at the time of the visit		