STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969089	**12/19/2017**
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

A Limited Nursing Service (LNS) monitoring visit was conducted on 12/19/17 at The Sheridan at Cooper City, an Assisted Living facility, License #12932. The facility had no deficiencies at the time of the visit.