

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969036	(X3) DATE SURVEY COMPLETED R 01/17/2018
NAME OF PROVIDER OR SUPPLIER THE SHERIDAN AT LAKEWOOD RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 11705 EVENING WALK DR BRADENTON, FL 34211	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Revisit Survey to the complaint surveys of 11/04/17 was conducted on 1/17/18 for The Sheridan at Lakewood Ranch, Assisted Living Facility. The deficient practice previously cited on 11/4/17 was corrected during the revisit. (License # 12858)		