

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/02/2018
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 to a Limited Nursing Services (LNS) monitoring visit was conducted on 1/17/18 for The Sheridan At Lakewood Ranch, Assisted Living Facility. The deficient practice previously cited on 10/10/17 was corrected during the survey. (License # 12858)		