

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969036	(X3) DATE SURVEY COMPLETED 03/15/2018
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

An unannounced Complaint investigation (CCR# 2018001125) was conducted on 3/15/18, in conjunction with an unannounced Biennial licensure survey with Limited Nursing Services (LNS.)

The Sheridan at Lakewood Ranch, Assisted Living Facility (License #12858), had no deficiencies specific to the Complaint at the time of this visit.