

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969036	(X3) DATE SURVEY COMPLETED R 05/14/2018
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 A revisit to a Biennial survey with LNS was conducted on 5/14/18 at The Sheridan at Lakewood Ranch. The deficient practice previously cited on 3/15/18 was corrected during the visit License # 12858.		