STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969036	**09/12/2018**
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 Limited Nursing Services (LNS) monitoring survey was conducted on 9/12/18.

The Sheridan At Lakewood Ranch, Assisted Living Facility /License #12858, had no deficiencies at the time of this visit.