STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969089	**10/31/2018**
NAME OF PROVIDER OR SUPPLIER **THE SHERIDAN AT COOPER CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2580 PINE ISLAND RD** **COOPER CITY, FL 33024**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) monitoring survey was conducted on 10/31/2018 at The Sheridan at Cooper City, License # 12932. The facility had no LNS deficiencies at the time of the visit.