STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969089	R **01/09/2019**
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 revisit to the Relicensure survey was conducted on 01/09/2019 at the Sheridan at Cooper City (license #12932). The previously cited deficiencies were found corrected at the time of the survey.

This survey was conducted in conjunction with the capacity increase survey on the same date. See separate report for findings.