

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969089	(X3) DATE SURVEY COMPLETED R 02/27/2019
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 Capacity Increase revisit survey was conducted by desk review on 02/27/2019 for The Sheridan At Cooper City, License #12932. The previously cited deficiency was found corrected at the time of the survey.