

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969036	(X3) DATE SURVEY COMPLETED 02/22/2019
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 A Limited Nursing Services (LNS) monitoring survey, in conjunction with a Capacity Increase licensure survey was conducted on 2/22/19. The Sheridan At Lakewood Ranch, Assisted Living Facility /License #12858, had no deficiencies at the time of this visit.		