STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969036	**04/12/2019**
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

A complaint investigation (complaint number 2019003285) was conducted at The Sheridan at Lakewood Ranch on 04-12-2019. The facility had no deficiencies at the time of the survey.