| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969504** | **05/21/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**SHERIDAN AT HOBE SOUND, THE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5785 SE PINEHURST TRL**<br>**HOBE SOUND, FL 33455** | |

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

**0000 - Initial Comments**

An initial Limited Nursing Services licensure survey was conducted on 05/21/19 at The Sheridan at Hobe Sound. The facility had no deficiencies identified at the time of the survey.