

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/25/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953196	(X3) DATE SURVEY COMPLETED 07/02/2013
NAME OF PROVIDER OR SUPPLIER Shady Oaks Living Center, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 2208 East 138th Avenue Tampa, FL 33613	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-07/02/2013
0054-Medication - Records-07/02/2013
0055-Medication - Storage And Disposal-07/02/2013
0161-Records - Staff-07/02/2013



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 25, 2013

Administrator
Shady Oaks Living Center, Inc.
2208 East 138th Avenue
Tampa, FL 33613

Dear Administrator:

This letter reports the findings of two state licensure survey revisits conducted on July 2, 2013, by a representative of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisits.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

