STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965970	**02/27/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shady Oaks Rest Home	**1208 Kennedy Rd Daytona Beach, FL 32117**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
A complaint survey, (CCR #2014001268) was conducted on , 2014. Shady Oaks Rest Home had deficiencies found at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and an interview with the administrator, the facility failed to ensure that the residents were provided structural systems that were safe and free of hazards for 11 of 11 residents.

The findings include:

During a tour of the facility, an observation of the rear entrance revealed a concrete ramp that rose from ground level to about six feet where it met a deck leading to the rear door. The ramp was stable and did not pose a physical hazard. The deck at the rear door was compromised by the underlying structure which has decayed to the point that fine connection to the ramp has dropped and allows for a steep drop. In an interview with the administrator on 2014 at 2:00 pm., it was confirmed that the structure was broken and in need of repair.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Shady Oaks Rest Home
1208 Kennedy Road
Daytona Beach, FL 32117

Re: CCR #2014001268

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on . 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 this office at .

Sincerely,

Jana Meyering, P
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

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