

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953196	(X3) DATE SURVEY COMPLETED 10/01/2014
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)		

Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR# 2014006999, was conducted on 10/01/14.

The Shady Oaks Living Center, Inc., assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 9, 2014

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

RE: CCR #2014006999

Dear Mr Joseph:

This letter reports the findings of a complaint survey completed on October 1, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul Brown
fw Patricia Reid Kaufman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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