

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/07/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953196	(X3) DATE SURVEY COMPLETED 04/02/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey with Limited Mental Health (LMH) services was conducted on 4/2/15.

The Shady Oaks Living Center Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 7, 2015

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

Dear Administrator:

This letter reports findings of an abbreviated Biennial state licensure survey that was conducted on April 2, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

