

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/14/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953196	(X3) DATE SURVEY COMPLETED 09/09/2015
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 A complaint survey, CCR# 2015006327, was conducted on 9/9/15. Shady Oaks Living Center, assisted living facility, had no deficiencies identified at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 11, 2015

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

RE: CCR #2015006327

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 9, 2015 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
Patricia Reid Cauffman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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