



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 18, 2016

Administrator
Shady Acres Assisted Living Facility
670 County Road 782
Webster, FL 33597

RE: CCR #2016009143

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 5, 2016 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (386) 462-6201.

Sincerely,


Kriste J. Mennetta
Field Office Manager

KJM/amw
Enclosure

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AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/22/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964944	(X3) DATE SURVEY COMPLETED 08/05/2016
NAME OF PROVIDER OR SUPPLIER SHADY ACRES ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 670 COUNTY ROAD 782 WEBSTER, FL 33597	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint investigation (CCR#2016009143) was conducted on 8/5/2016 at Shady Acres (facility license number #9373). There were no deficiencies identified. The facility was in compliance at this time.