AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910092	**08/18/2016**
NAME OF PROVIDER OR SUPPLIER **SHADY PALMS RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **14527 NORTH FLORIDA AVENUE** **TAMPA, FL 33613**	

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

0000 Initial Comments

Assisted Living Facility

On 8/18/16, an abbreviated biennial relicensure with extended congregate care (ECC) was conducted at Shady Palms Retirement Home. No deficiencies were identified during the survey.

(License # 6694)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 30, 2016

Administrator
Shady Palms Retirement Home
14527 North Florida Avenue
Tampa, FL 33613

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey with extended congregate care (ECC) that was conducted on August 18, 2016, 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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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