

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932662	(X3) DATE SURVEY COMPLETED R 08/08/2017
NAME OF PROVIDER OR SUPPLIER FLORIDA SHORES ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1229 MANGO TREE DRIVE EDGEWATER, FL 32132	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments The deficiency was corrected at the time of the desk review.		