

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953196	(X3) DATE SURVEY COMPLETED 10/11/2017
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 On 10/11/17, a complaint survey, (CCR# 2017008152), in conjunction with a 3rd revisit to the 3/30/17 biennial state relicensure survey with limited mental health (LMH) was conducted at Shady Oaks Living Center, Inc., Assisted Living Facility. No deficiencies were identified at the time of the visit (License # 8450)		