STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953196	R **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 3rd revisit to the 3/30/17 biennial state relicensure survey with limited mental health (LMH) in conjunction with a complaint survey, (CCR# 2017008152) was conducted at Shady Oaks Living Center, Inc., Assisted Living Facility. The previously cited deficiencies were corrected at the time of this 3rd revisit.

(License # 8450)