STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912083	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **SHADY GLEN I**	STREET ADDRESS, CITY, STATE, ZIP CODE **659 EAST ORANGE STREET** **TARPON SPRINGS, FL 34689**	

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

0000 - Initial Comments

Assisted Living Facility

On 1/4/18, a monitoring visit for resident well-being related to facility temperature was conducted at Shady Glen I, Assisted Living Facility. No deficient practice was identified at the time of the visit.

(License # 4160)