STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910092	**06/19/2018**
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

An abbreviated Biennial licensure survey with Extended Congregate Care (ECC) was conducted on 6/19/18.

The Shady Palms Retirement Home, Assisted Living Facility (License #6694), had no deficiencies at the time of this visit.