

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964944	(X3) DATE SURVEY COMPLETED C 05/22/2018
NAME OF PROVIDER OR SUPPLIER SHADY ACRES ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 670 COUNTY ROAD 782 WEBSTER, FL 33597	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2018006998) was conducted on 05.22.2018 at Shady Acres Assisted Living Facility (License # 9373), Webster, FL. No deficient practice was identified at the time of survey.