STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964944	**07/30/2018**
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 biennial re-licensure survey in conjunction with Extended Congregate Care monitoring survey was conducted on 07/30/2018 at Shady Acres Assisted Living Facility (license #9373). The facility was out of compliance since the complaint investigation (CCR #2018002383) survey conducted on 03/22/2018. No new deficient practice was identified at the time of survey.

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