STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	**09/24/2018**
NAME OF PROVIDER OR SUPPLIER **FLORIDA SHORES ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1229 MANGO TREE DRIVE** **EDGEWATER, FL 32132**	

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

0000 - Initial Comments

A complaint investigation (CCR #2018010038) in conjunction with an emergency power plan (EPP) monitoring was conducted at Florida Shores Assisted Living, Inc. (License Number: 8860) on 9/24/18. Florida Shores Assisted Living, Inc. had no deficiencies at the time of the investigation.