STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910092	**09/20/2018**
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

A Complaint Survey (CCR#: 2018010728) was conducted at Shady Palms Retirement Home Assisted Living Facility on 09/20/18. There was no deficient practice identified at Shady Palms Retirement Home Assisted Living Facility at the time of the survey.

(License#: 6694)