STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965970	**03/22/2019**
NAME OF PROVIDER OR SUPPLIER **SHADY OAKS REST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1208 KENNEDY RD** **DAYTONA BEACH, FL 32117**	

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

0000 - Initial Comments

On [redacted] to [redacted] a biennial relicensure survey with Limited Mental Health monitoring was conducted at Shady Oaks Rest Home. Deficient practice was not identified at the time of the survey.