

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912083	(X3) DATE SURVEY COMPLETED 04/18/2019
NAME OF PROVIDER OR SUPPLIER SHADY GLEN I	STREET ADDRESS, CITY, STATE, ZIP CODE 659 EAST ORANGE STREET TARPON SPRINGS, FL 34689	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation survey (#2019001608) was conducted at Shady Glen I, an assisted living facility, on 04/18/2019. The facility had no deficiencies at the time of the survey.		