STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953196	**04/29/2019**
NAME OF PROVIDER OR SUPPLIER **SHADY OAKS LIVING CENTER, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2208 EAST 138TH AVENUE** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Investigation (Complaint Number: 2019004006 and 2019006389), was conducted at Shady Oaks Living Center Assisted Living Facility on 04/29/19 in conjunction with a Biennial with Limited Mental Health Re-licensure Survey, and a Revisit to 01/17/19 Complaint Investigation (Complaint Numbers: 2018016356 and 2019000535). The facility had no deficiencies at the time of the survey.