STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953196	R 05/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS LIVING CENTER, INC.	**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

On , a revisit to a abbreviated biennial state licensure survey with limited mental health (LMH) was conducted at Shady Oaks Living Center. All deficiencies were not cleared during the visit. Additional deficiencies were identified.

(license #8450)

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview and record review the facility failed to ensure that 1 resident (#1) of 2 residents observed were verbally prompted to take medications as prescribed.

Findings included:

During a medication pass observation on at 12:01pm, staff A, a medication technician, assisted resident #1 with the self-administration of using a R 100U/ML pen. Staff A verbally instructed resident #1 (with a glucose level of 319) to dial the pen and self-inject 2U. Resident #1 dialed the pen to 32U and injected in the lower right abdomen. The needle on the pen was observed to be bent and was dripping down the abdomen of resident #1.

On at 12:25pm, an interview was conducted with staff A. Staff A stated they had the sliding scale for the medication order for resident #1 memorized. They stated they were unaware that sliding scale orders were not the same for all dependent residents.

On a record review was conducted for resident #1, to include all medication orders and the current medication observation record (MOR). In review of the record the physician ordered sliding scale was as follows: 150-200=2U, 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U, >400 call MD. Therefore, Resident #1, with a glucose level of 319, required 8U of .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953196	R **05/12/2017**
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)

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on record review, observation and interview, the facility failed to ensure a documented class III deficiency regarding medicinal drugs was corrected as required.

Findings included:

In review of the class III deficiencies cited during a Biennial survey with LMH conducted on , three medicinal deficiencies were cited.

During a revisit survey conducted on one of the three class III medicinal deficiencies (0052) were not cleared as required.

Class III