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

A Biennial with Limited Mental Health Re-licensure Survey was conducted at Shady Oaks Living Center Assisted Living Facility on in conjunction with a Complaint Investigation (Complaint Number: 2019004006 and 2019006389), and a Revisit to 01/17/19 Complaint Investigation (Complaint Numbers: 2018016356 and 2019000535). Deficiencies were identified at the time of survey.

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility (with an in-house census of 43 residents) failed to ensure that 2 of 4 resident care personnel reviewed had in-service training required 2 hour Pre-service Orientation prior to interacting with residents.

Findings included:

A review of the personnel record for Staff B on revealed a hire date. There was no documentation in Staff B's file of required 2 hour Pre-service Orientation prior to interacting with residents.

A review of Staff C's personnel record on revealed a hire date. There was no documentation in Staff C's file of required 2 hour Pre-service Orientation prior to interacting with residents.

An interview with the assistant administrator was conducted on at 2:17 P.M. The assistant administrator confirmed that Staff B and C provide direct care to the residents at the facility. The assistant administrator acknowledged the lack of training documentation in Staff B's and C's personnel record and stated: "No I don't see it in the file either."

Class III