STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953196	R 04/29/2019

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

A Revisit to a Complaint Investigation (Complaint Numbers: 2018016356 and 2019000535) 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 Complaint Investigation (Complaint Number: 2019004006 and 2019006389) . Deficiencies were identified at the time of survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the Facility failed to have a manager who met all CORE training requirements when the administrator served as administrator of three or more facilities.

Findings Included:

A review of the Facility's Background Screening Employee Roster, conducted on , revealed that the Assistant Administrator was still listed as the Assistant Administrator for the Facility .

During a request for the Assisted Living Facility Core Training Certificate for the Assistant Administrator , conducted on at 10:00am, the Assistant Administrator stated that the Core Training test was taken on and the results were still pending.

Review of Floridahealthfinder.gov on the date of survey revealed that the administrator of record was listed as the administrator of three facilities.

Class III