RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Hidden Oaks
7216 Northwest 22nd Drive
Jennings, FL 32053

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than . 2012.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965244	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIDDEN OAKS	7216 NW 22ND DRIVE JENNINGS, FL 32053

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced second Follow-Up Survey for the Compliance Survey (CCR# 2012000113) of 6, 2012 was conducted on 2012. The Assisted Living Facility is not in compliance with the requirements listed in Chapters 429, Part I & 408, Part II, Florida Statutes and Chapter 58A-5, Florida Administrative Code.	{A 000}		
{A 074} SS=G	58A-5.019(3)(b) Staffing Standards - Personnel File (BGS) (3) BACKGROUND SCREENING. (b) The results of employee screening conducted by the agency shall be maintained in the employee ' s personnel file. This Statute or Rule is not met as evidenced by: Based on record review and interview, the assisted living facility failed to ensure 3 of 5 (#2, #3, and #1) staff members had a current background screening or an exemption from the Agency in their personnel file. Findings: During the record review, it was discovered that staff member #2 did not have a background screening in their personnel file. She is listed on the staffing calendar as working 8 hours a day Monday through Friday. This was originally cited on _ _ _ _ In interview with staff member #2 on _ _ at 10:00 AM, it was stated that she had applied for an exemption, but have not received an acknowledgement from Tallahassee.	{A 074}		

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{A 074}	Continued From page 1	{A 074}		

It was further revealed that staff member #3, that was in charge of the facility on [redacted] at 8:45 AM, did not have a background screening in their personnel file. The employee was hired on [redacted] and had the fingerprinting done, but Central Office sent a letter stating that there was a problem with the results. Staff member #2 signed the interview form for staff member #3 as the supervisor on [redacted].

Staff Member #1 had a Level I background screening performed on [redacted] while working for another assisted living facility that was closed due to the [redacted] of the owner. Staff member #1 did not list any other places of employment on the application. Staff member #1 was employed by the present facility on [redacted].

Class II