



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

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

Dear Administrator:

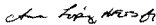
This letter reports the findings of a revisit survey conducted on _____, 2012 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified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



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER HIDDEN OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 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	{A 000}		
	On an unannounced follow-up survey was conducted at Hidden Oaks assisted living facility. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time.			
{A 074}	58A-5.019(3)(b) Staffing Standards - Personnel SS=G File (BGS)	{A 074}		
	(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 recorded reviews and interviews the facility failed to have a background screening for 1 of 5 staff members, staff #5.			
	Findings:			
	On during a record review of five staff members it was observed that staff #5 did not have a background screening.			
	On at approximately 11:50 AM an interview was conducted with staff member #5. Staff #5 said she did not have a cleared background screening from AHCA and she has applied for wavier of exemption but has not heard back from the Agency yet. She said the owner (administrator) has changed her job title and responsibilities to facility secretary, so she is not having contact with the residents. She was asked to provide a description of her job responsibilities which she said she did not have a current job description. She said she would obtain that information from the administrator and fax it to			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0899

4TGT14

If continuation sheet 1 of 2

Agency for Health Care Administration

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{A 074} Continued From page 1	the area office. On it was observed that the facility is a manufactured home with built on additions to house residents. The office which staff member #5 works out of is located directly off the facility's living residents watch TV and socialize. Staff #5 must walk through the facilities residents living order to enter and exit the office she works out of. Based on these observations she will come into direct contact with residents. Class II	{A 074}	