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
	AL11942925	A. BUILDING _____ B. WING _____	

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HIDDEN OAKS OF FORT MYERS	3625 HIDDEN TREE LANE FORT MYERS, FL 33901

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A 000	Initial Comments These are the results of a Capacity Increase survey conducted on through at Hidden Oaks of Fort Myers, an Assisted Living Facility. The following deficiencies were identified at the time of the survey.	A 000		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least , trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the	A 052		

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A 052	Continued From page 1	A 052		

resident ' s health care provider and documented in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the

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A 052	Continued From page 2	A 052		

administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , , or preparations.
(h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure medication technicians followed the proper steps to assist 6 (Residents #1, #2,#3, #4, #5, and #6) of 6 residents observed with self-administration of medication. The facility also facility failed to properly assist 1 (Resident #3) of 6 residents with self-administration of medication by not following the medication parameters as order by the resident's physician.

The findings include:

1. On at 5:20 a.m. Staff A was observed preparing medication for Resident #1. She took a white soufflé cup with medication in it

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A 052	Continued From page 3	A 052		

and a cup of water into Resident #1's [redacted]. Staff A watched Resdient#1 swallow the medication. Staff A did not prepare the medication in the presence of Resident #1. Staff A did not read the medication label to Resident #1.

At 5:28 a.m. Staff A was observed preparing the medication for Resident #2 at the medication cart while outside of Resident #2's [redacted]. She entered Resident #2's [redacted] stated, "Here is your morning medicine." Staff A returned to the medication cart and prepared the medicine for another resident. Staff A did not prepare the medications in the presence of Resident #2 and she did not read the medication label to Resident #2.

On [redacted] at approximately 5:35 a.m. Staff A was observed popping the medication into the soufflé cup. She walked down the hall and around the corner to Resident #3's [redacted]. Staff A handed Resident #3 a soufflé cup of medication and a cup of water. She did not read the label to the resident or notify the resident of which medications she was taking.

On 01 [redacted] at 5:40 a.m. Staff A was observed preparing the medication for Resident #4 in the hallway. She entered Resident #4's [redacted] stated, "[Resident #4] your six a.m. meds." Staff A observed Resident #4 swallow her medications and left the [redacted]. Staff A did not prepare the medication in the presence of the resident, nor did she read the medication label to Resident #4.

On [redacted] at approximately 6:45 a.m. Staff B was observed preparing the medication for Resident #5 while standing at the medication cart. He popped one pill into a small soufflé cup, prepared a cup of water, and then walked over to

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A 052	Continued From page 4	A 052		

the Resident #5. He stated, " [Resident #5] I need you to take your medicine for me." He handed the resident the cup and prompted her to drink the water. Staff B returned to the medication cart and prepared the medication for another resident. Staff B did not prepare the medication in the presence of the resident nor did he read the medication label to the resident.

On [redacted] at approximately 6:50 a.m. Staff B was observed at the medication cart preparing medication for Resident #6. After doing so, he walked down the hall to Resident #6's [redacted] stated, "[Resident #6] I need you to take your morning medicine. "

Staff A was interviewed on [redacted] Staff A stated she took her four hour medication training class four months ago. Staff A denied learning to prepare the medication and read the label in the presence of the resident.

Staff B was interviewed on [redacted] at approximately 6:50 a.m. He states he does not read the label to the residents on the memory care unit because they do not understand what they are getting. He added, "When you have [redacted] they really don't know what day it is."

On [redacted] at 12:33 p.m. the Resident Care Supervisor was interviewed. She stated, "With the memory care the residents (Residents #5 and #6) are supposed to be at the med cart while the staff is pulling out the meds. They [the staff] are to put it in a cup. They [staff] are to give the cup to the residents and let the resident put the medication in their mouth. That's the way they [the staff] were trained. They were trained to always have the resident at the med cart and explain [the medications to the residents].

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A 052	Continued From page 5	A 052		

A review of Resident #3' s medication label read, Tab 25 MG take one tablet by mouth every 8 hours hold for SBP Pressure) <110. A review of Resident #3's Medical Observation Record (MOR) revealed the same instructions, [tablet] 25MG, for Apresoline, Take one tablet by mouth every 8 hours **hold for SBP<100**." Further review of Resident #3's MORs revealed she has consistently taken this medication (3 times a day) between the dates of and Resident #3 only missed a total of three doses during this period of time. The reason the resident missed this medication are documented as, "Not in" for for the 3:00 p.m. and 9:00 p.m. doses. There is no reason listed as to why the medication was held on the third time.

2. A review of Resident #3's Discharge Medication Reconciliation Report revealed an order written on to continue, (Apresoline) tablet 25 mg, oral, every 8 hours scheduled ...hold for SBP less than 110. Resident #3's chart was reviewed. There was no documentation of Resident #3's being taken before she was given this medication.

On at approximately 5:35 a.m. Staff A was observed preparing the medication for Resident #3. Staff A popped one 25mg tablet and one 25mcg tablet into a small soufflé cup. She walked down the hall and around the corner to Resident #3's woke Resident #3 from sleeping. Staff A handed Resident #3 the soufflé cup and observed her swallow the medication. Staff A did not check Resident #3's

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A 052	Continued From page 6 The Resident Care Supervisor was interviewed on . . . . . She confirmed Resident #3's . . . . . was not being check before or after this resident received her medication. Class III	A 052		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their . . . . . or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the . . . . . or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of	A 055		

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A 055	Continued From page 7	A 055		

medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, room, ... area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s

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A 055	Continued From page 8	A 055		

family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to properly secure centrally stored medication in 1 of 3 medication carts observed in the facility.

The findings include:

On [redacted] at 7:24 a.m. two medication carts were observed parked in the hallway wall opposite of [redacted]. At the same time three residents were observed sitting near the medication in the activity area. Other residents were observed walking down the hallway. No other staff members were observed in the vicinity of the medication cart. At approximately 7:26 a.m. the Resident Care Supervisor was observed walking past the unlocked medication cart.

[redacted] at approximately 7:26 a.m. the

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A 055	Continued From page 9 Resident Care Supervisor was interviewed. She acknowledges unlocked medication carts and she locked it. Class III	A 055		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, [illegible] and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist,	A 093		

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A 093	Continued From page 10	A 093		

or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a

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A 093	Continued From page 11	A 093		

therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of ; the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

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A 093	Continued From page 12	A 093		

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure 1 (Resident #7) of 11 residents listed with a therapeutic diet received the correct therapeutic diet as ordered by their physician. The facility also failed to follow their menu as planned by a registered dietitian for 93 of 93 resident observed in the facility.

The findings include:

1. On at 11:42 a.m. Resident #7 was observed sitting at the dining in the memory care dining . Resident #7 was served a regular diet of spaghetti with a meat sauce. Resident #7 was observed using his fork to eat the spaghetti. After eating for approximately (12 minutes) Staff C noticed the resident had the wrong therapeutic diet and served him pureed spaghetti.

A review of Resident #7's physician's orders revealed an order for a therapeutic diet change to pureed foods on .

On . Staff C confirmed Resident #7 was served a regular diet and should have been served a pureed diet. She stated, "It's was my fault."

2. A review of the planned lunch menu for Monday revealed residents should be served soup du jour, tossed salad w/dressing, the chef's choice of fish, spaghetti w/meat sauce, cauliflower, French cut green beans, seasoned noodles, a roll, and cake.

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	AL11942925	A. BUILDING _____ B. WING _____	

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(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 093	Continued From page 13 On at 11: 39 a.m. residents were observed being served: Soup du jour-Beef Noodle Soup, chef's choice of fish (with seasoned noodles) or spaghetti w/ meat sauce, Cauliflower or French cut green beans, a roll and dessert item. Residents were not served a salad. An interview was conducted with Staff C. She stated she did not serve the residents the salad for lunch, because salad was also on the menu for dinner and she did not want to serve a salad for lunch and dinner. Staff C confirmed she did not offer the residents a menu item to substitute not having their salads. Class III	A 093		
A 151	58A-5.023(2) FAC Physical Plant - Existing Facilities EXISTING FACILITIES. (a) An assisted living facility that was initially licensed prior to the effective date of this rule must comply with the rule or building code in effect at the time of initial licensure, except that any part of the facility included in additions, modifications, alterations, refurbishing, renovations or reconstruction must comply with the codes and standards referenced in subsection (1) of this rule. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in Section 429.41, F.S. (b) A facility undergoing change of ownership shall be considered an existing facility for purposes of this rule.	A 151		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942925	A. BUILDING _____ B. WING _____	01

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIDDEN OAKS OF FORT MYERS	3625 HIDDEN TREE LANE FORT MYERS, FL 33901

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A 151	Continued From page 14	A 151		

This Statute or Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to comply with the Florida building code, by converting a living into a 10 (Residents #8, #9, #10, #11, #12, #13, #14, #15, #16, and #17) of 103 residents admitted to the facility observed in the facility.

The Florida Building codes 434.4.4.4 states, "All resident shall open directly into a resident must be able to exit his having to pass through another the two have been licensed as one

The findings include:

An initial tour of the facility was conducted on 01/07 approximately 7:00 a.m.
Observation of Room Resident #8's bed, dressers, and personal effects in the living room named on the facilities floor plan). A second bed and a bathroom behind a door in the area marked as a bedroom. was identified as Resident #9's room. #9 cannot exit his room through Resident 8's room #8 cannot use the bathroom through Resident 9's room.

of Room Resident #10's bed, desk, and TV in the living room #11's room behind a door in a room the bedroom. #11 cannot exit the room walking through Resident #10's room.

in Room a large curtain separating the living room front

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
	AL11942925	A. BUILDING _____ B. WING _____	

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HIDDEN OAKS OF FORT MYERS	3625 HIDDEN TREE LANE FORT MYERS, FL 33901

(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 151	Continued From page 15 door. Resident #12's a bed, TV, wheelchair and other personal effects were observed behind the curtain. Observations of the revealed a bed, dressers, and personal effect items for Resident #13. Observation of revealed another living which contained a bed, desk, and nightstand for Resident #14. Resident #14 cannot exit his walking through Resident #13's Observations in revealed a living with Resident #14's bed, dresser, TV, and other personal items. The revealed Resident #15's bed, dresser, personal effects, and Resident #16's bed and personal items. Resident #15 cannot exit the apartment without walking through and observing Resident #14 because Resident #14 does not have a door. Observations in revealed Resident #16's bed and personal effects in the living of the apartment. Observation of the this apartment revealed another bed and a reclining chair belonging to Resident #17. Resident #16 cannot exit her apartment without walking through Resident #17's Class III	A 151		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Hidden Oaks of Fort Myers
3625 Hidden Tree Lane
Fort Myers, Florida 33901

Dear Administrator:

Re: Capasity Increase survey

This letter reports the findings of a Capasity Increase survey that was conducted on . 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form

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

Fort Myers Field Office
2295 Victoria Avenue, [illegible]
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372