STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	07/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hidden Oaks Of Fort Myers	3625 Hidden Tree Lane Fort Myers, FL 33901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs

These are the results of a follow-up to a Complaint Survey, CCR#: 2013000778 and CCR#: 2013001395 which was completed at Hidden Oaks and Assisted Living Facility (ALF) on . . . . . During the follow-up on , the facility did not correct the deficiency A30, and was re-cited.

The following is a description of non-compliance:

Based on observation, interview with families and staff, the facility failed to ensure residents were supplied with their own clothing to wear and failed to implement the new laundry program.

The findings include:

1. Interview with the nurse supervisor on . . . at 8:30 a.m., revealed a new laundry program was implemented to ensure that "All residents have a laundry bag with their own clothing." The staff stated dirty laundry is supposed to be put in a laundry bag. The bag is washed with the clothing and the laundry is to be placed back in the resident's . . . .

2. Observation of the resident's . . . . in the memory care unit revealed . . . . . A & B; . . . . . A & B, ... A & B, & 7B, ... A & B, ... A & B, ... A, 14B and 17B did not have cloth bags for the dirty clothing to be organized. . . . . had a bag for 17A; . . . . had a bag for 9B. . . . had a bag for 6A. The housekeeper found the laundry bags stored in the laundry . . . . . a top shelf.

3. Interview on . . . . . at 9:10 a.m., with the Resident Care Aid A, who is assigned to . . . . . 1, 2, 3, 4, 5, 6, 7, 8 and 9 stated she attempts to do laundry daily for her residents and does not use the bags. She usually finds the clothing on the floor.

Interview on . . . . at 9:00 a.m., with Resident Care Aid B, stated the "Night staff don't follow the process and she can't follow the dirty clothes bags." She stated she dresses all residents and has been told to be careful to dress residents in their own clothing.

Interview with the resident care aid who was acting as med tech in the memory care unit stated laundry is usually done on resident's shower days. Residents are given showers 3 times a week on 2 shifts. Approximately 7 residents are given a shower on each shift.

4. Interview with the family member of Resident #4 and #5 on . . between 9:20 a.m. and 9:45 a.m., revealed they have not seen the laundry process, but their mother is now wearing her own clothes. They feel the concerns are addressed are improved.

5. Review of in-service training revealed 7 of 18 staff in the memory care unit attended the training on . . . . . and signed the in-service sheet.

7. Interview with the Nurse Supervisor on , verified that the system of using laundry bags was not working. He stated he will in-service staff again. He stated he has not been monitoring to confirm the laundry program was working.

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Class III

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, FL 33901

RE: CCR#: 2013000778 & CCR#: 2013001395

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . 2013 by a representative of this office.

You are directed to provide a plan of correction to the Fort Myers Field Office for the identified deficiencies within ten calendar days of receipt of this faxed report. The plan should be directed to the attention of Mr. Harold Williams, Field Office Manager and mailed to:

Agency for Health Care Administration

Health Quality Assurance, Fort Myers Field Office

2295 Victoria Avenue, Suite 340

Fort Myers, FL 323901

Phone: (239) 335-1315

Fax: (239) 338-2372

The survey resulted in findings of noncompliance with the following areas:

A 030 Resident Rights. Uncorrected Class III

Your Assisted Living Facility failed to ensure residents were supplied with their own clothing to wear and failed to implement the new laundry program.

Your directed plan of correction must include the following:

1) Inventory all resident clothing and laundry bags to ensure that all residents have their own laundry bag and their own clothing as stated in the facility laundry policy.

2) Train all staff, including all night shift staff, on the facility laundry policy and procedures.

3) Develop and implement a monitoring plan to ensure that the facility laundry policy is followed on all shifts by all staff. Include feedback from residents and families.

A Directed Plan of Correction is not intended as the sole intervention(s) to be instituted by a provider, but is intended to impose directed interventions to address immediate concerns with identified deficient practice.

Please be advised that nothing in this DPOC limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), 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 , 2013.**

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

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Enclosure: State Form