

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER Hidden Oaks Of Fort Myers	STREET ADDRESS, CITY, STATE, ZIP CODE 3625 Hidden Tree Lane Fort Myers, FL 33901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

A Biennial and Limited Nursing Service (LNS) survey was completed at Hidden Oaks of Fort Myers an Assisted Living Facility (ALF) on 11/26/2013.

The following is a description of non-compliance:

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review, and interview, the facility failed to ensure menus used by the facility are reviewed and dated annually by a Registered Dietitian, that menus are planned and dated at least a week in advance, that the weekly menus are posted, that the menus are followed, and a log of substitutions is maintained for 6 months.

The findings include:

On Monday, 11/26/2013 at 11:30 a.m. the noon meal was observed being served. Posted on the wall at the entrance to the dining area were 3 signs which stated, "Monday Breakfast" "Monday Lunch" and "Monday Dinner." These signs were not dated. The weekly menu was not observed to be posted. The "Monday Lunch" sign listed the following menu items: soup of the day, Spaghetti w/ meat sauce or Baked Fish, Potato/Veggies, Dessert. On each table at each seat was a menu selection form. It stated "Monday Lunch" soup of the day, Spaghetti w/ meat sauce or Baked Fish, Potatoes, Green Beans, Dessert. This form had a place for each resident to select their menu items. The selection form did not have Salad or roles, Cauliflower or Season Noodles listed as a selection item.

On 11/26/2013 at 11:30 a.m., lunch observation was conducted in the Garden Dining Room. Residents were observed to be served their choice of Soup, Spaghetti and Green Beans or the alternate meal of Fish, Green Beans and Mashed Potatoes. Two meal menus were noted to be posted on the dining room wall, however, the posted menu was Saturday Lunch: Soup of the day, Chicken Cor'D Blu, or Eggplant Parmesan, Veggies or Mashed Potatoes, Dessert. The second posted menu was: Saturday Dinner; Soup of the Day, Hot Dogs or Grilled Cheese, French Fries, Dessert. The menus for Monday 11/26/2013 were not posted.

On 11/26/2013 at 12:05 p.m., the Dietary Manager provided a copy of the facility's menu noted as week 3 (cycle 2). This menu was signed by a Registered Dietitian but was not dated. The menu did not have a weekly date. The Dietary Manager stated that she does not date the menu being used for the week. After the week she simply moves the menu to the bottom of the 4 week stack and will use the next menu up at the start of the following week. She stated they are currently on the week 3 menu cycle. The week 3 menu cycle for "Monday, Lunch" called for "Soup of the day, Tossed Salad w/Dressing, Chef's choice Fish, Spaghetti w/meat sauce, Cauliflower/French cut Green Beans/Season Noodles, hot role and cake." The Dietary Manager stated she substituted mashed potatoes for the Cauliflower and additional spaghetti for the "Seasoned Noodles." She stated they never serve hot roles. The Dietary Manager stated she did not know when the menus were last approved by the registered dietitian. She was newly hired as the Dietary Manager and these were the menus that she inherited. The Dietary Manager stated she does not have and has never maintained a substitution log. She stated she did not know that this was a requirement.

On 11/26/2013 at 12:30 p.m., a random resident who was eating her noon meal stated that they never provide us

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER Hidden Oaks Of Fort Myers	STREET ADDRESS, CITY, STATE, ZIP CODE 3625 Hidden Tree Lane Fort Myers, FL 33901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

with roles. She stated, "I like to have bread with my meal." She stated, "They use to do that at every meal. The last cook use to make them fresh and they were really good."

On at 12:45 p.m., a second random resident stated, "I like salads but they didn't offer any for lunch. I also like to have bread but that was not available either."

On at 1:30 p.m., the Administrator provided a copy of a document entitled "Senior Management Advisors Menu Cycle." This document contained 4 columns labeled week 1, week 2, week 3 and week 4. Under the column marked week 4 is listed the current week,

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hidden Oaks Of Fort Myers
3625 Hidden Tree Lane
Fort Myers, FL 33901

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey that was completed on , 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh

Enclosure: State Form

