STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	02/27/2014
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)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:
These are the results of Complaint Survey, CCR# 20140001866 conducted on [redacted] at Hidden Oaks of Fort Myers, an Assisted Living Facility (ALF).

There was one allegation in the complaint that resulted in a deficiency at A0030.

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview, the facility failed to ensure isolation techniques instructed by the Public Health Department were implemented in a timely manner.

The findings include:

1. Interview with the Administrator on [redacted] at 12:30 p.m., revealed the following information. On Friday [redacted] two of the residents in the facility developed symptoms of [redacted] and [redacted] cramping. Over the weekend, there were more cases of the same symptoms which turned out to be Norovirus. On Monday, [redacted] the Public Health Department was notified and came to the facility. The facility was provided with a list of practices to implement to prevent the spread of the symptoms to more residents and staff. Included on the list was for the residents to be [redacted] and interaction prevented.

2. Interview on [redacted] at 11:15 a.m. with the Department of Health, Environmental Administrator, revealed the following information. He stated, "They had 3 cases on Friday and by Sunday they had 20 cases. To date, the facility had 59 cases. On Tuesday in the morning the Public Health Department nurse returned to the facility and found the dining [redacted] be operating with residents present." Regarding implementing recommendations, " A day can make a big difference with Norovirus. " The facility had not completed all of the recommended steps to prevent the spread of the illness in a timely manner.

3. In a telephone interview on [redacted] at 2 p.m., the Florida Health Department ' s Lee Count Director of Epidemiologists said, " They called on Monday morning. Mid-morning Monday one of our nurses went out and dropped off specimen containers and a Norovirus information packet. The packet includes a list of prevention steps. Tuesday we called and they said they had 13 more cases. We asked if they had implemented the recommended measures. They said 'Not yet.' We stressed they needed to start immediately. We went to the facility and found, by noon Tuesday [redacted] they had not implemented the measures (dining [redacted] open). " They were slow and may have contributed to some additional cases. This morning we confirmed Norovirus. "

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Re: CCR #2014001866

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on . 2014 by a representative 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 , 2014 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,

Laura Wells for
Harold D. Williams
Field Office Manager

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Enclosure: State Form

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