STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	**05/14/2014**
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 - 0000 - - Initial Comments
St - A - 0125 - 58a-5.021(3) Fac - Fiscal - Surety Bonds S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

0000-Initial Comments

These are the results of a Monitoring survey conducted on , at Hidden Oaks of Fort Myers, a Assisted Living Facility. There were deficiencies identified in relation to this survey.

0125-Fiscal - Surety Bonds 58A-5.021(3) FAC

Based on record review and interview the facility failed to maintain a Surety Bond of sufficient value to cover twice the income and money maintained by the facility for resident of whom the facility is the authorized payee.

The findings include:

Record review found the facility is the authorized payee for 22 residents. The facility's current surety bond effective through 2014 is for 10,000.00.

Record review for the total income for the 22 residents for whom the facility acts as an authorized payee is 23,437.65.

On at 2:30 p.m. the Business Office Manager stated the facility's current surety bond is for 10,000.00

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to have copies of quarterly statement provided by the facility documenting balances and activities of resident trust funds in 3 (Residents #1, #2, and #3) of 3 residents record for whom the facility acts as the authorized payee.

The findings include:

Record review for Residents #1, #2, and #3 found no copies of the quarterly statements provided by the facility documenting balances and activities of resident trust funds .

On at 2:30 p.m., the Business Office Manager stated she does not provide quarterly statements to residents or residents representative documenting balances and activities of resident's trust funds.

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, Florida 33901

Dear Administrator:

Re: Monitoring

This letter reports the findings of a Monitoring survey that was conducted on . 2014 by representative(s) 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 surveyor(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure

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

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