STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968564	08/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hidden Oaks Assisted Living	945 7th St Nw Largo, FL 33770	
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
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014008443, was conducted - , in conjunction with a revisit.

Hidden Oaks Assisted Living facility had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review, the facility failed to insure that 2 of 9 sampled residents (Resident #1 and Resident #7) were treated with respect. The facility staff spoke to and about Resident #1 and Resident #7 in a demeaning and disrespectful manner.

Findings include:

During an interview with Resident #1 conducted on at 10:15 a.m., Resident #1 stated that Employee A "doesn't like me and makes sure I know it." Resident #1 stated Employee A has cursed at him and limits his access to food and the refrigerator.

On that same date at 2:50 PM during an interview with Employee A, Employee A stated she has worked with the elderly population for several years. Employee A stated that Resident #1 and Resident #7 were different and younger and stated "I'm not used to dealing with drug addicts." It was observed that Employee A made this statement when Resident #7 and other residents were within earshot.
Employee A went on to state that Resident #1 sometimes "cheeks" his pain medication and Employee A suspects that he's injected it because "I saw on his arm once."
Employee A also asked, referring to Resident #7, if she "screamed at you" during a tour of the facility, noting that Resident #7 "just sleeps all day" and yells at anyone who bothers her.

The facility administrator was interviewed that same date at approximately 3:30 PM and stated he was not aware of any issues or allegations regarding Resident #1 and possible diversion or misuse of his pain medication.

A review of Resident #1's record on revealed no documentation of any concerns about Resident #1 not taking his medications as prescribed and no missed dosages or concerns documented on his medication observation record (MOR).

During a tour of the facility conducted on beginning at 10:30 a.m., a paper handwritten sign was observed on the door of the refrigerator. The sign stated, in part, that the food in the refrigerator was "the property of other residents" and was "off limits." (Photo taken)

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Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to insure that medications for 9 of 9 sampled residents (Residents #1-9) were kept in a locked medication cart or receptacle at all times. Unsecured medications place residents at risk of medication error or medication diversion. The facility failed to insure that employees locked the medication cart when it was unattended and failed to insure refrigerated was in a locked receptacle.

Findings include:

On at approximately 10:05 a.m., Employee A, a medication technician (Med Tech) was observed during a medication pass to pop a resident's medications into a cup and walk away from the medication cart without locking it. The medication cart remained unlocked in an open area next to the common living area where other residents were sitting.

On that same date at 3:10 p.m., was observed on a shelf in the unlocked refrigerator in the open kitchen of the facility. Throughout the day, residents were observed going in and out of the kitchen and three residents had to pass through the kitchen to get to their .

When interviewed on that same date at 3:30 p.m., regarding the medication cart, Employee A stated that she remembered the cart was unlocked and returned to the cart as quickly as possible to lock it. Regarding the , Employee A acknowledged that it was not secured and stated the facility currently did not have any type of lock box for the .

Class III

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

Based on observation and interview, the facility failed to post the daily planned menu where 9 of 9 sampled residents (Residents #1-9) could see it ahead of the meal.

Findings include:

During a tour of the facility conducted on beginning at approximately 10:20 a.m., a dry erase board was observed on the wall in the dining area of the facility directly outside the kitchen. The board had 3 sections labeled "Breakfast", "Lunch" and "Dinner". There was nothing written on the board for lunch. There were no menus observed posted anywhere else in the facility.

When interviewed on , Employee A confirmed that she had written the lunch menu on the board outside the kitchen and stated "I guess I need to do that. I tell them what we're having if they ask."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2014

Administrator
Hidden Oaks Assisted Living
945 7th St Nw
Largo, FL 33770

RE: Revisit & CCR# 2014008443

Dear Administrator:

This letter reports the findings of a state survey revisit and a complaint survey that were conducted on August 26-28, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected relative to the revisit and the one uncorrected deficiency and new deficiencies 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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