RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hidden Pines
1840 SW 31 Avenue
Ocala, Florida 34478

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by a representative of this office. 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 , 2014.**

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 (386) 462-6201.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943018	10/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hidden Pines	**1840 Sw 31 Avenue Ocala, FL 34478**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-10/29/2014
0052-Medication - Assistance With Self-Admin-10/29/2014
0078-Staffing Standards - Staff-10/29/2014
0152-Physical Plant - Safe Living Environ/other-10/29/2014
0161-Records - Staff-10/
0167-Resident Contracts-
L243-Lmh - Training-1
Z815-Background Screening; Prohibited Offenses-1

Revisit Repeat Tags:

0008-Admissions - Health Assessment-58a-5.0181(2) Fac

0000-Initial Comments

On 10/29/2014 an unannounced follow-up survey to a biennial licensure with Limited Mental Health was conducted at Hidden Pines Assisted Living Facility in Ocala Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews and interviews the facility failed to have a completed 1823 health assesment for 1 of 3 residents (#6).

Findings:

On a record review was completed on resident #6 1823 health assesment provided by the Administrator as being the residents current assesment. It was observed that page 4 was missing the date of the examination and the physicians address and telephone number.

On at approximately 11:00 PM the Administrator was asked if the 1823 health assesment for resident #6 was the current assesment for the resident she stated yes. She stated that the date of exam and the physician's address and phone number were missing from the 1823 . She stated that the physician is nolonger with the provider group and would need to have another health assesment completed for resident #6.

Class III