

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 11/18/2014
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)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-11/18/2014

0088-Alzheimer's/other Disorders - Disclosures-11/18/2014

0165-Risk Mgmt & Qa; Adverse Incident Report-11/18/2014

These are the results of a follow-up to Complaint Survey, CCR# 2014008959 conducted on 11/18/14 at Hidden Oaks Assisted Living Facility in Ft Myers, Florida.

All previous citations are found to be in general compliance and have been cleared.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0088-Alzheimer's/Other Disorders - Disclosures 429.177 FS

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 1, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 18, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Jon Seehawer, R.N.

Acting Field Office Manager

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Enclosure: State Form

