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

Revisit Corrected Tags:
0025-Resident Care - Supervision-11/18/2014
0029-Resident Care - Nursing Services-11/18/2014
0056-Medication - Labeling And Orders-11/18/2014
0164-Records - Inspection Availability-11/18/2014
N277-Lns - Resident Care Standards-11/18/2014

This is the result of an unannounced follow-up to a Complaint Survey CCR #2014007582 and CCR #2014007814 conducted on 11/18/14 on Hidden Oaks Assisted Living Facility (ALF) in Ft Myers, Florida.

The Facility was found to have corrected the previous deficiencies. The citations have been corrected.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0164-Records - Inspection Availability 58A-5.024(4) FAC

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 3, 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

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com