STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	03/03/2015
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:
This is the result of a Change of Ownership licensure and Limited Nursing Services survey conducted on [redacted] through [redacted] at Hidden Oaks an Assisted Living Facility located in in Ft Myers, Florida.

The following is the deficiency cited:

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review, and interview the facility failed to properly assist residents with self administration of medications for 3 (Resident #12, #14, and #15) out of 5 residents observed during medication pass.

The findings included:

1. During observation of medication pass at 10:00 a.m., on [redacted], Staff B did not read label of medication to Resident #12.

During an interview with Staff B on [redacted] at 10:20 a.m., she stated, "I was mumbling the names of the medications."

2. During observation of medication pass on [redacted] at 10:15 a.m., Staff A and Staff B did not have Resident #14 in proper position to assist in the application of eye drops.

Observation during administration of eye drops for Resident #14 revealed Staff A touching the resident's left eyelid with tip of eye medication bottle.

During an interview with Staff A on [redacted] at 2:10 p.m. she stated, "I do not remember touching the resident's left eyelid with the tip of the eye medication bottle."

3. Observation of medication pass on [redacted] at 10:20 a.m. revealed that a medication for Resident #15 was not administered at the prescribed time.

Record review of the health care provider's order revealed that it listed [redacted] 325 mg Tab, take one tab by mouth daily with breakfast."

During an interview on [redacted] at 10:25 a.m. Staff B stated, "Breakfast starts at 7:35 a.m. daily. I know the [redacted] is scheduled at 9:00 a.m."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. . . . . 18, 2015

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 that was conducted on . 2015 by representatives 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 . . . . . 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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS . .
Enclosure: State Form

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