

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 03/30/2015
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:

0052-Medication - Assistance With Self-Admin-03/30/2015

Specific Tag Findings:

This is the follow-up to the Change of Ownership licensure and Limited Nursing Services survey conducted at Hidden Oaks an Assisted Living Facility located in in Ft Myers, Florida.

This follow-up was completed on 3/30/15 by desk review of information sent to the Agency For Health Care Administration local field office for review.

The citation was cleared by this desk review.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 30, 2015

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

Dear Administrator:

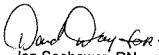
This letter reports the findings of a state licensure survey revisit by desk review conducted on March 30, 2015 by a representative of this office.

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, RN
Field Office Manager

JS:ec

Enclosure: State Form

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