

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 09/30/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced Complaint Survey, CCR #2015008448 & CCR #2015007745 was conducted on at Hidden Oaks an Assisted Living Facility (ALF) in Ft. Myers, Florida.

Complaint CCR #2015008448 contained 2 allegations, of which 2 were unsubstantiated.

Complaint CCR #2015007745 contained 2 allegations, of which 2 were substantiated.

The following is description of the deficiencies:

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure 4 (Staff #A, #B, #D, and #E) of 4 staff record reviewed received appropriate training.

The findings included:

1. Record review for Staff #A found a hire date of . . / The record included a New Hire Checklist listing completion of required training. The list included 1 hour control training, 1 hour Reporting major and adverse incident and emergency procedures training, 1 hour Resident Rights and Recognizing and Reporting and 3 hours in Resident behavior and needs and Activity of Daily Living (ADL) training. One hour in safe food handling training. Training in Elopement. This is a total of at least 7 hours of training. The check list also shows 4 hours of level I and 4 hours level II training was completed. One hour training was also completed. The list also include multiple facility require training. A total of 17 hours of required training plus facility required training was complete in one day.

On at 12:45 p.m., Staff A said on . . / she spend 8 hours watching videos. At the conclusion of each video she initialed the checklist.

2. Record review for Staff #B found a hire date of The record included training certificates dated . . / showing completion of required training. The certificates included 1 hour control training, 1 hour Reporting major and adverse incident and emergency procedures training, 1 hour Resident Rights and Recognizing and Reporting and 3 hours in Resident behavior and needs and ADL training. One hour in safe food handling training. Training in Elopement. This is a total of at least 7 hours of training. There were certificates for 1 hour training was also completed. Training for There were also training in multiple facility require training. A total of 9 hours of required training

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 09/30/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

plus facility required training was complete in one day.

On 9/29/15 at 1:28 p.m., Staff B said she completed all training on 9/29/15.

3. Record review for Staff #D found a hire date of 9/29/15. The record included training certificates dated 9/29/15 showing completion of required training. The certificates included 1 hour control training, 1 hour Reporting major and adverse incident and emergency procedures training, 1 hour Resident Rights and Recognizing and Reporting and 3 hours in Resident behavior and needs and ADL training. One hour in safe food handling training. Training in Elopement. This is a total of at least 7 hours of training. There were certificates for 1 hour training was also completed. Training for 9/29/15. There were also training in multiple facility require training. A total of 9 hours of required training plus facility required training was complete in one day.

On 9/29/15 at 1:10 p.m., Staff D said that on 9/29/15 there was a group who completed all training. It took approximately 3 hours to complete the training. They were given test to answer as a group. If we missed any answers they were given the right answer.

4. Record review for Staff #E found a hire date of 9/29/15. The record included training certificates dated 9/29/15 showing completion of required training. The certificates included 1 hour control training. One hour Reporting major and adverse incident and emergency procedures training, 1 hour Resident Rights and Recognizing and Reporting and 3 hours in Resident behavior and needs and ADL training. One hour in safe food handling training. Training in Elopement. This is a total of at least 7 hours of training. There were certificates for 1 hour training was also completed. Training for 9/29/15. There were also training in multiple facility require training. A total of 9 hours of required training plus facility required training was complete in one day.

On 9/29/15 at 1:00 p.m., Staff E said We had a class about a month ago. It was from 12:00 -3:00 p.m. We had a trainer. They gave us the quizzes with the answer and we just completed the answers. We didn't get any training.

5. On 9/29/15 at 1:40 p.m., the Administrator said she provided the training for Staff A, B, D and E. All the training topics were covered in less than 6 hours.

Class III

0082 Training - 9/29/15

Based on record review and interview, the facility failed to ensure 4 (Staff #A, #B, #D, and #E) of 4 staff

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 09/30/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

record reviewed received appropriate training in

The findings include:

1. Record review for Staff #A found a hire date of 11/1/14. The record included a New Hire Checklist listing completion of required training. The list included 1 hour control training. One hour Reporting major and adverse incident and emergency procedures training, 1 hour Resident Rights and Recognizing and Reporting and 3 hours in Resident behavior and needs and Activity of Daily Living (ADL) training. One hour in safe food handling training. Training in Elopement. This is a total of at least 7 hours of training. The check list also shows 4 hours of level I and 4 hours level II training was completed. One hour training was also completed. The list also include multiple facility require training. A total of 17 hours of required training plus facility required training was complete in one day.

On 10/2/15 at 12:45 p.m., Staff A said on 10/1/15 she spend 8 hours watching videos. At the conclusion of each video she initialed the checklist.

2. Record review for Staff #B found a hire date of 11/1/14. The record included training certificates dated 11/1/14 showing completion of required training. The certificates included 1 hour control training. One hour Reporting major and adverse incident and emergency procedures training, 1 hour Resident Rights and Recognizing and Reporting and 3 hours in Resident behavior and needs and ADL Living training. One hour in safe food handling training. Training in Elopement. This is a total of at least 7 hours of training. There were certificates for 1 hour training was also completed. Training for 1 hour. There were also training in multiple facility require training. A total of 9 hours of required training plus facility required training was complete in one day.

On 10/2/15 at 1:28 p.m., Staff B said she completed all training on 10/1/15.

3. Record review for Staff #D found a hire date of 11/1/14. The record included training certificates dated 11/1/14 showing completion of required training. The certificates included 1 hour control training. One hour Reporting major and adverse incident and emergency procedures training, 1 hour Resident Rights and Recognizing and Reporting and 3 hours in Resident behavior and needs and ADL Living training. One hour in safe food handling training. Training in Elopement. This is a total of at least 7 hours of training. There were certificates for 1 hour training was also completed. Training for 1 hour. There were also training in multiple facility require training. A total of 9 hours of required training plus facility required training was complete in one day.

On 10/2/15 at 1:10 p.m., Staff D said that on 10/1/15 there was a group who completed all training. It

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 09/30/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

took approximately 3 hours to complete the training. They were given test to answer as a group. If we missed any answers they were given the right answer.

4. Record review for Staff #E found a hire date of The record included training certificates dated showing completion of required training. The certificates included 1 hour control training. One hour Reporting major and adverse incident and emergency procedures training, 1 hour Resident Rights and Recognizing and Reporting and 3 hours in Resident behavior and needs and ADL training. One hour in safe food handling training. Training in Elopement. This is a total of at least 7 hours of training. There were certificates for 1 hour training was also completed. Training for There were also training in multiple facility require training. A total of 9 hours of required training plus facility required training was complete in one day.

On at 1:00 p.m., Staff E said we had a class about a month ago. It was from 12:00 -3:00 p.m. We had a trainer. They gave us the quizzes with the answer and we just completed the answers. We didn't get any training.

5. On at 1:40 p.m., the Administrator said she provided the training for Staff A, B, D and E. All the training topics were covered in less than 6 hours.

Class III

0089 /Other - Special Care

Based on record review and interview, the facility failed to ensure 1 (Staff #A) of 4 staff record reviewed received appropriate training related to Level I.

The findings included:

On at 9:00 a.m., when entering the facility found a pamphlet of the facility's service. This pamphlet says the facility provide special care for resident with

Record review for Staff #A found a hire date of 11/7/11. The record included a New Hire Checklist listing completion of required training. The check list also shows 4 hours of level I and 4 hours level II training was completed. One hour training was also completed. The list also include multiple facility require training.

The record had an Level I certificate dated The certificate did not include a certification number for the instructor.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 09/30/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

On 9/30/15 at 1:40 p.m., the Administrator said she realized many of the certificates of training were just copies with the staff person's name added. The training was not provided. We have a new instructor. She provided a 4 hours Level II training for some of the staff on 9/30/15. A Level I class was not provided.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure documentation of training for 4 (Staff #A, #B, #D, and #E) of 4 staff record reviewed include appropriate information.

The findings included:

1. Record review for Staff #A found a hire date of 11/1/14. The record included a New Hire Checklist listing completion of required training. The list included control training. Reporting major and adverse incident and emergency procedures training. Resident Rights and Recognizing and Reporting Resident behavior and needs and Activity of Daily Living training. Safe food handling training. Training in Elopement. The check list also shows level I and level II training was completed. Training was also completed. The list also include multiple facility require training. The list did not include the trainer or the number of hours of the training.

On 9/30/15 at 12:45 p.m. staff A said on 9/30/15 she spend 8 hours watching videos. At the conclusion of each video she initialed the checklist.

2. Record review for Staff #B found a hire date of 11/1/14. The record included training certificates dated 11/1/14 showing completion of required training. The certificates included control training. Reporting major and adverse incident and emergency procedures training. Resident Rights and Recognizing and Reporting Resident behavior and needs and Activity of Daily Living (ADL) training. Safe food handling training. Training in Elopement. There was a certificate for training was also completed. Training for There were also training in multiple facility require training. The training did not include the number of hours for each training.

3. Record review for Staff #D found a hire date of 11/1/14. The record included training certificates dated 11/1/14 showing completion of required training. The certificates included control training. Reporting major and adverse incident and emergency procedures training. Resident Rights and Recognizing and Reporting Resident behavior and needs and ADL training. Safe food handling

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/02/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 09/30/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
training. Training in Elopement. There was a certificate for training was also completed. Training for . There were also training in multiple facility require training. The training did not include the number of hours for each training. 4. Record review for Staff #E found a hire date of . The record included training certificates dated / showing completion of required training. The certificates included control training. Reporting major and adverse incident and emergency procedures training. Resident Rights and Recognizing and Reporting . Resident behavior and needs and ADL training. Safe food handling training. Training in Elopement. There was a certificate for training was also completed. Training for . There were also training in multiple facility require training. The training did not include the number of hours for each training. 5. On at 1:45 p.m., the Administrator said the training verification for Staff A, B, D, and E did not include all required information. Class III		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2015

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

RE: CCR #2015008448

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on April 1, 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than April 15, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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, R.N.
Field Office Manager

sh

Enclosure: State Form

XG90

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



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida