STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	10/29/2015
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 #2015010686 was conducted on at Hidden Oaks, an assisted living facility in Ft. Myers, Florida.

Two of the three allegations on the complaint were substantiated. The facility received citation A152 as a result of this complaint.

0152 Physical Plant - Safe Living Environ/Other

Based on observations and staff interview, the facility failed to provide residents, who reside in the facility, a safe living environment free from dirty carpets, ripped linoleum, floor separating from the walls and commodes, dirty windows, scraped and gouged door frames and old rusted oven/stoves in some resident with knobs missing and broken or missing bottom drawers, etc.

The findings included:

A tour of the facility began at 10:00 a.m. on with the administrator. The following is a list of our findings:

- The floor in the activity the east side of the building was sticky throughout.
- : The linoleum floor in the kitchen was torn.
- : The air conditioner cover was off and you can see the outside from the living , the air conditioner had sharp edges. The kitchen floor had scuffs throughout and was sticky.
- : Kitchen counter had stains and was dirty, the bottom drawer on the stove was missing, smell throughout the , molding in separated from the wall, hole in from the knob of the , frames had many gouges and closet door was off the track making it hard to open and close.
- : Linoleum floor in kitchen was stained and torn, had holes and nails protruding, blinds not working and window was dirty.
- : The carpet was frayed throughout the .
- : The carpet was frayed throughout the .
- : Linoleum stained of red dye in kitchen.
- : Stained and wet lounge chair in .
- : Kitchen linoleum floor worn and stained, carpet stains throughout the , wall and door frame by scuffed and had gouges, frame had gouges.
- : Several hooks and nails in walls throughout .
- : Blinds were ripped.

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- : frame scoffed and gauges.
- : Light fixture loose in the shower and the paint was peeling on the ceiling in the shower.
- : Rust around the refrigerator and a cabinet door could not close correctly.
- : A light cover was missing in the shower and a light bulb was out in the .
- : Pillow case dirty.
- : Carpet was dirty; flooring was separating from the wall in the , several light bulbs out in the .
- : Floor separating from the wall in the , frame had scrapes and gouges.

- All resident the east side of the building (not the memory unit) have a stove/ovens. These appliances all had rusted coils, knobs missing, old and dirty, missing or broken drawers on the bottom. An interview was conducted with the administrator during this tour concerning these observations. She stated these appliances are unplugged and do not work. Some resident will use this appliance for storage. She also observed these appliances and agreed they are rusted, old, and dirty and should be removed from all resident .

The tour continued in the memory care unit. This is a secured unit for residents with advanced and related .

- : separating from the wall and dirty.
- : separating from the walls.
- : Commode was running, black substance and white residue on shower tile and grout. Floor separating from commode.
- : Air conditioning not working in this . warm. Vent was open and this not have a separate air conditioning unit.
- : The linoleum was ripped. warm. This located next to indicting the air conditioner might not be working.
- : Holes on wall above window indicating the valance or curtain rod hardware was removed but the holes where not patched and painted.
- : Floor separating from the wall in the .
- : /curtain rod hardware on wall not being used, curtain wrinkled, shower wall caved in with loose tile.
- : separating from commode.
- : Valance/curtain hardware on wall not being used.
- : Valance/curtain rod on both windows hardware not being used, splitting at the bottom, floor separating from the wall in the .
- : Floor separating from wall in .

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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HIDDEN OAKS OF FORT MYERS	**3625 HIDDEN TREE LANE FORT MYERS, FL 33901**

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Observations throughout the memory unit, all residents in every not have closet doors and most did not have toilet paper dispensers and toilet paper. An interview was conducted with the administrator concerning these observations. She stated she did not know why there were no closet doors in this unit for each resident and she was not aware there was no toilet paper and dispensers in most of the . She stated the with toilet paper have residents that are continent and able to use the commodes.

Observations throughout the entire facility showed most all resident living , sliding glass doors, and were dirty. An interview was conducted with the administrator during the course of this tour. She stated she bought a pressure washer and the entire outside of the building, including these windows, will be washed. This tour concluded approximately 12:30 p.m. on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015010686

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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 , 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

for

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
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