| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968564 | 10/26/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**HIDDEN OAKS ASSISTED LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**945 7TH ST NW**<br>**LARGO, FL 33770** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

Assisted Living Facility

An unannounced complaint survey, CCR# 2015008728, was conducted on .

The Hidden Oaks Assisted Living had deficiencies at the time of this visit.

**0008 Admissions - Health Assessment**

Based on observation, record review, and interviews, the facility failed to ensure that 1 of 4 residents randomly selected from 11 current residents has undergone a face-to-face medical examination by a licensed health care provider within 60 calendar days prior to facility admission or within 30 calendar days of the admission date, and a Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823), completed by the resident ' s licensed health care provider. The facility failed to ensure completion by residents ' licensed health care provider of all required items on 2 of the 3 Resident Health Assessments reviewed. The facility also failed to ensure that the Administrator, or designee, completed Services Offered or Arranged by the Facility. The facility had no documentation that 3 of 4 residents are eligible for Assisted Living Facility residency and that the individuals ' needs can be met in an Assisted Living Facility.

Findings include:
On at 2:30pm, Surveyor requested 3 resident files for review: Resident #1, Resident #4, and Resident #5. Staff A provided records for Residents #1 & #4, but was unable to locate records for Resident #5. Per interview with Resident #5 in resident ' s the facility and review of facility Admission/Discharge Log, Resident #5 was admitted to the facility on .
Surveyor conducted 3 random record reviews at the facility on beginning at 2:45pm. Two of three resident records reviewed contained incomplete Resident Health Assessments for Assisted Living Facilities (Form 1823).
Per record review, Resident #1 was admitted to the facility on ../.. Per ../.. review of Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) dated ./ , several required items were not completed: Whether resident needs 24-hour nursing or care is not completed-- appropriateness of the resident for assisted living facility residence is not determined. Need for assistance with all Activities of Daily Living is indicated--transferring needs are not specified. Whether resident needs help with taking medications is not completed-and, if assistance is needed, type of assistance (medication administration or assistance with self- administration). Services offered or arranged by the facility for the resident is not completed.
Per record review, Resident #4 was admitted to the facility on . Per Resident Health

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SUMMARY STATEMENT OF DEFICIENCIES
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Assessment for Assisted Living Facilities (AHCA Form 1823) dated , Resident #4 needs medication administration. Per interview with Staff A, Resident #4 is being provided with assistance with self-administration of medication.
Per interview conducted with Staff A on at 3:30pm, Staff A acknowledged incomplete information on Resident Health Assessments and unavailability of Resident #5 ' s records. Staff A stated that the former Live-in Manager may have Resident #5 ' s file in her locked , inaccessible to current staff.

Class III

**0079 Staffing Standards - Levels**

Based on observation and interview, the facility failed to maintain the required minimum direct personal care staff hours per week in a facility with a census of 11 in-house residents.

Findings include:
A tour of the facility was conducted on beginning at 12:00pm. Surveyor did not observe a posted employee schedule. Per interview conducted with Staff A on at 12:30pm, there is no posted schedule. When asked if there is a schedule, Staff A stated: " No, we just know when we have to come in. " Per observation and interview, Staff A is the only staff working at the facility on the day of visit. Staff A stated she usually works 4:30pm-8:30am and Staff B works usually works 7:30am-5pm, but had called out sick, so Staff A will stay through overnight.
Per observation and interviews on , the facility ' s in-house census is 11 residents. Per regulations, 212 direct care staffing hours are required in a facility with 6-15 residents. The facility ' s staffing pattern consists of 178.5 hours per week (without lunch/break allowances). The facility is not maintaining the required minimum direct care staffing hours.

Class III

**0167 Resident Contracts**

Based on observation, interview, and record review, the facility failed to ensure that 3 of 4 residents randomly selected from 11 current residents have been provided a contract before or at the time of admission.

Findings include:
On at 2:30pm, Surveyor requested 3 resident files for review: Resident #1, Resident #4, and Resident #5. Staff A provided records for Residents #1 & #4, but was unable to locate records for

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968564** | **10/26/2015** |
| NAME OF PROVIDER OR SUPPLIER<br>**HIDDEN OAKS ASSISTED LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**945 7TH ST NW**<br>**LARGO, FL 33770** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Resident #5. Per interview with Resident #5 in resident ' s the facility and review of facility Admission/Discharge Log, Resident #5 was admitted to the facility on . There was no record of a Resident Contract having been provided to Resident #5.
Surveyor conducted 3 Resident Record Reviews at the facility on beginning at 2:45pm. Two of three resident records reviewed (Residents #4 & #9) did not contain Resident Contracts. Per record review, Resident #4 was admitted to the facility on ; Resident #9 was admitted to the facility on . There was no record of Resident Contracts having been provided to Residents #4 & #9.
Per interview conducted with Staff A on at 4:30pm, Staff A stated that contracts are done by the Administrator and not within the scope of her Resident Aide duties.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hidden Oaks Assisted Living
945 7th St Nw
Largo, FL 33770

**RE: CCR# 2015008728**

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015, by representative(s) 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown, HFES,** at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form