

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/02/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED R 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 follow-up visit for Complaint Survey CCR #2015008448 & CCR #2015007745 was conducted on 10/29/15 at Hidden Oaks, an assisted living facility in Ft. Myers, Florida.

All citations were corrected.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11942925	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/29/2015
Name of Facility HIDDEN OAKS OF FORT MYERS		Street Address, City, State, Zip Code 3625 HIDDEN TREE LANE FORT MYERS, FL 33901

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 10/29/2015	ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 10/29/2015	ID Prefix A0089 Reg. # 429.178 FS LSC	Correction Completed 10/29/2015
ID Prefix A0091 Reg. # 58A-5.0191(12) FAC LSC	Correction Completed 10/29/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By <i>[Signature]</i>	Date: 11-2-15	Signature of Surveyor: <i>[Signature]</i> Nancy Fundell, HFE-II	Date: 11-2-15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

9/30/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 2, 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 conducted on October 29, 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, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

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