STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	R
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 survey was conducted on and at Hidden Oaks of Fort Myers, an Assisted Living Facility in Fort Myers, Florida.

The following is description of the deficiencies.

0052 Medication - Assistance with Self-Admin

Based on record review and interview, the facility failed to report to the Resident's Health Care Provider noncompliance with their medications for 4 (Residents #4, #6, #8, and #11) out of 12 residents sampled.

The findings included:

1. Resident #4's Medication Observation Record (MOR) dated / / through / / had Health Care Provider Order for medication: "Protective A & D ointment, apply to right great toe dry scab two times a day." Scheduled 8:00 a.m. and 8:00 p.m., and documented by staff as not given on dates / / through and reason documented by staff: "Refused." Record Review revealed resident's Health Care Provider was not notified.

2. Resident #6's MOR dated / / through / / had Health Care Provider order for medication: "IPRAT- ALBUT 0.5 -3 (2.5) mg/3 for (Inhaler Med) 2.5 mg /3 ml inhale one unit dose via two times a day." Scheduled 8:00 a.m. and 8:00 p.m., and documented by staff as not given on dates / / through and reason documented by staff: "Refused x 3." Record review revealed Resident's Health Care Provider was not notified.

3. Resident #8's MOR dated / through / / had Health Care Provide order for medication: " (med) 10 mg tablet for 10 mg tablet, take one tablet by mouth at bedtime." Scheduled at 6:00 p.m., and documented by staff as not given on dates , / / and , and reason documented by staff: "Refused x 3." Record review revealed Resident's Health Care Provider was not notified.

4. Resident #11's MOR dated / / through / / had Health Care Provider order for medication: "Voltaren 1% Gel (pain med) apply to affected area every 12 hours, apply 2 Grams to upper extremities and 4 Grams to lower extremities." Scheduled 8:00 a.m. and 8:00 p.m., and documented by staff as not given on dates , , , and . Record Review revealed resident's Health Care Provider was not notified.

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5. During an interview on at 11:00 a.m., the Director of Nursing reported he was not aware the residents were refusing medications.

Class III

0054 Medication - Records

Based on record review and interview, the facility failed to immediately update on the Medication Observation Record (MOR) each time a medication was offered for 3 (Residents #7, #9, and #13) out of 12 sampled residents.

The findings included:

1. Resident #7's MOR dated / / through / revealed a Health Care Provider order for medications:

"Spriva (inhaler medication) 18 mcg CP Handihale, inhale the contents, take one capsule through your mouth by taking two moderate inhalations via handihaler device once a day." Scheduled 8:00 a.m., and not documented by staff as given on / and no reason given.

" ( ) (med) 10 mg, take one tablet by mouth daily." Scheduled 8:00 a.m. daily and not documented by staff as given on / and no reason given.

" PROP 50 mcg spray for nasal spray 50, administer one spray into each nostril once a day." Scheduled 8:00 a.m. and not documented by staff as given on and no reason given.

" HFA 220 mcg inhaler, inhale one puff into lungs twice daily." Scheduled 8:00 a.m. and 8:00 p.m., and not documented by staff as given on and no reason given.

"Pantonol 0.1% eye drops, instill one drop into both eyes two times a day." Scheduled 8:00 a.m. and 8:00 p.m. and not documented by staff as not given on and no reason given.

" (inhaler) Diskus inhale 1 puff into lungs twice daily." Scheduled 8:00 a.m. and 8:00 p.m. and not documented by staff as given on / / and no reason given.

" Fumerate 25 mg for (med) 25 mg, take one tablet by mouth two times a day." Scheduled 8:00 a.m. and 8:00 p.m. and not documented by staff as given on and

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no reason given.

" Tears Drops for , instill one drop into both eyes every morning indefinitely." Scheduled 8:00 a.m. and not documented by staff as given on and no reason given.

" 81 mg chewable tab for Children's Bayer , chew one tablet by mouth daily." Scheduled 8:00 a.m. and not documented by staff as given on and no reason given.

" D-3, 2000 unit tab, take one tablet by mouth daily." Scheduled 8:00 a.m. and not documented by staff as given on / and no reason given.

"Escitolopram 10 mg tablet for (med) 10mg tab, take one tablet by mouth daily." Scheduled 8:00 a.m. and not documented by staff as given on and no reason given.

"One daily tab for Tab-A-Vit, take one tablet by mouth daily." Scheduled 8:00 a.m. and not documented by staff as given on and no reason given.

" Sod Dr (anti med) 40 mg, take one tablet by mouth daily." Scheduled 8:00 a.m. and not documented by staff as given on / and no reason given.

"(med) 50 mg tablet, take one tablet by mouth daily." Scheduled 8:00 a.m. and not documented by staff as given on and no reason given.

" 5 mg Ta for (med) 5 mg, take one- half tablet by mouth once a day." Scheduled 8:00 a.m. and not documented by staff as given on and no reason given.

" ( )20 mg tablet for 20 mg tablet, take one tablet by mouth daily." Scheduled 8:00 a.m. and not documented by staff as given on / and no reason given.

2. Resident #9's MOR dated / through / revealed a Health Care Provider Order for medications:

" 6.25 mg tablet for (failure med) 6.25 mg, take one tablet by mouth 2 times daily." Scheduled 8:00 a.m. and 8:00 p.m. and not documented by staff as given on / / and no reason given.

" Sod 100 mg soft gel (stool softener),take one tablet by mouth 2 times a day." Scheduled

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8:00 a.m. and 8:00 p.m. and not documented by staff as given on / / and no reason given.

" 100 mg capsule for (anti- med) 100mg, take one capsule by mouth 4 times a day." Scheduled 8:00a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m., not documented by staff as given on / / and no reason given.

" 10mg tablet for Zeastril (med) 10mg tab, take one tablet by mouth at bedtime." Scheduled 8:00 p.m. and not documented by staff as given on / and no reason given.

" Fumerate (med) 25 mg, take 1/2 tablet (12.5 mg) by mouth at bedtime." Scheduled 8:00 p.m. and not documented by staff as given on / / and no reason given.

3. Resident #13's MOR dated / / through / revealed a Heath Care provider order for medications:

" 10 mg tablet for (med) 10 mg tablet, take one tablet by mouth 2 times daily." Scheduled 8:00a.m.and 8:00 p.m. and not documented by staff as given on and no reason given.

" 20 mg tablet for (med) 20 mg, take one tablet by mouth at bedtime." Scheduled 8: 00 p.m. and not documented by staff as given on / and no reason given.

"Doc- Q- Lace 100mg Soft gel for (stool softener) 100 mg Cap, take one capsule by mouth at bedtime." Scheduled 8:00 p.m. and not documented by staff as given on / and no reason given.

4. During an interview on at 11:00 a.m., the Director of Nursing reported he was not aware medications were not documented by staff.

Class III

0055 Medication - Storage and Disposal

Based on observation, record review and interview, the facility failed to secure medication for 1 (Resident #3) out of 12 sampled residents.

The findings included:

During tour of facility on at 4:00 p.m., observed Resident #3's open and medication:

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"Nyamc, 100,000 units/Gm/Pwd for Mycostatin (anti-fungal med)100,000 apply to affected area two times a day." Scheduled 8:00 a.m. and 8:00 p.m. was observed on shelf in the resident's living . This in full view of other resident . Resident #3 was sleeping at the time.

Review of Resident #3's Health Assessment (1823) dated revealed a Health Care provider order for assistance with self -administration of medications.

During an interview on at 4:00 p.m., the Director of Nursing reported the med tech must have left the resident's medication in her mistake.

Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to ensure resident medications were filled in a timely manner for 3 (Resident #5, #10, and #12) out of 12 sampled residents.

The findings included:

1. Resident #5's Medication Observation Record (MOR) dated / / through / / revealed a Health Care Provider order for medication: " (pain med) 30 mg tab SA for 30 mg, take one tablet by mouth every 12 hours." Scheduled 8:00 a.m. and 8:00 p.m. and was not documented by staff as given / / through and reason documented by staff: "not on cart." Record review revealed the resident's Health Care Provider was not notified.

The Director of Nurses reported on at 11:00 a.m. that he will contact resident's health care provider. This medication was discontinued by the resident's Health Care Provider on / , and documented on the MOR.

2. Resident #10's MOR dated / / through / / revealed a Health Care Provider Order for medication: " Finesteride (med) 5 mg daily." Not documented by staff as given, and reason documented: "not on cart." for dates through .

"Tamulosin (med) 0.4 mg daily." Not documented by staff as given and reason documented by staff: "not on cart" for dates , , / , / and / .

3. Resident #12's MOR dated / / through / / revealed a Health Care Provider order for medication: " (med) 20 mg tablet for 20 mg tab, take one tablet by mouth every

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other day." Not documented by staff as given on and reason documented: "not on cart."

4. During an interview on at 11:00 a.m., the Director of Nursing reported he was not aware medications for these residents were not available.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain a clean and safe living environment for residents who live in the facility.

The findings included:

1. During the two days of the survey the entire facility was toured. The following was found:

Upon entering the memory care a very strong odor of was noted.

- window wand missing, patched.

- strong odor of , window wand missing.

Memory care hallway baseboard outside Memory Care sitting and dirty.

- window wand missing.

- dried feces noted on resident's shoes on upper shelf of closet.

- ceiling light not working, window wand missing.

- window wand missing.

- window wand missing. Large brown wet stain noted on closet ceiling.

- shower wall caving in.

- open seam on floor noted.

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- shelf in shower wall missing.

- window missing. Mattress dirty and cover missing, box spring torn, handle missing from dresser. The Director of Nursing stated on at 11:15 a.m.: "I was not aware the resident did not have a window in her ." The resident's window had an open view of courtyard facing other resident and the dining .

- window wand missing, mattress box spring has brown stains.

- resident bureau dresser top drawer loose and large gap noted on side of drawer. Fecal matter noted on wall and nightstand dirty.

- window wand missing.

Memory Care hallway - ceiling vent outside dirty.

Memory Care Laundry - large amount of dust noted on wall, floor tile had open area.

Memory Care TV - large black scuff marks on walls.

Memory Care Porch sitting area - Fabric chair cushions torn on 2 of 3 cushions observed. Staff disposed of all cushions in trash after observation.

- large brown stain noted on carpet, shower floor and wall.

- bed sheets and linens dirty.

- noted on . On laminate floor in coming apart.

- strong odor of in .

Ceiling tile stained outside .

- seam in threshold of shower had open cracks.

- grab bar outside shower loose.

- large amount of black stains noted on rug.

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- baseboard coming off wall in .

- linoleum floor in kitchen stained and large piece torn. Sink very dirty.

- strong odor of in , hole noted on wall behind . In lightbulb out of 4 over sink working, 2 were missing, 1 was not working. Closet doors off track.

- carpet fringed.

- large red stain noted on kitchen floor.

- not working.

- rug in dirty, tile floor at stained.

- light in shower missing.

2. During an interview on at 1:00 p.m., the Executive Director and Director of Nursing reported they were not aware of the condition of the resident .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 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 Revisit Survey conducted on 9, 2015 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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

YOSF

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