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 second revisit survey was conducted on / at Hidden Oaks, an Assisted Living Facility in Fort Myers, Florida. This was a follow-up to the survey completed on /.

Four deficiencies were corrected, however one deficiency remains. The following is a description of the deficiency.

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 a tour of the facility conducted on at 10:15 a.m., issues were observed in the following :

. patched, however the patch was not finished and painted.

. patched, however the patch was not finished and painted.

. Large brown wet stain on closet ceiling.

. Laminate floor in splitting and sticking up.

. Ceiling tile stained outside of .

. Carpet with multiple brown stains, and with strong odor. Seam in threshold of shower with open cracks, and water leaks onto the floor when resident takes shower.

. Boards glued onto each side of the refrigerator and the kitchen sink warped and peeling away.

. Brown stains on carpet.

. Large pink stain on carpet in front of sink and refrigerator.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIDDEN OAKS OF FORT MYERS	**3625 HIDDEN TREE LANE FORT MYERS, FL 33901**

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

. Black stain on floor in .

. Linoleum floor in front of entryway door torn.

. Strong odor of in , hole in wall behind .

2. During an interview on / at 11:00 a.m., the Maintenance Director stated that there is a leak in the pipe above the ceiling tile, outside , and that they are waiting for the leak to be repaired.

3. During an interview on / at 11:15 a.m., the resident in stated that the shower leaks onto the floor.

4. During an interview on / , at 1:45 p.m., the Executive Director reported that they are working on these issues, but it takes time to get it all done.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11942925 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HIDDEN OAKS OF FORT MYERS	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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0052	Correction	ID Prefix A0054	Correction	ID Prefix A0055	Correction
Reg. # 58A-5.0185 (3)	Completed	Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 58A-5.0185(6) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0056	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.0185(7) FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	AH	2-16-16	Electronically Signed: Robin Heimsoth, RNS	2-16-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/29/2015

☐ 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

, 2016

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

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 9, 2016 by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Form and Revisit Report, which reference the corrected deficiencies and remaining deficiency identified during the revisit.

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 and Revisit Report

YOSF

Fort Myers Field Office
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Fort Myers, FL 33901
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