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 third 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 .

The citation did not clear. The following is a description of the deficiency found at the time of the visit.

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 include:

1. During a tour of the facility conducted on at 12:00 p.m. the following issues were observed:

- laminate floor in - seam splitting and sticking up - the initial problem was fixed, however there is another area that has split and the seam is sticking up.

- ceiling tile remains stained outside of . Resident has personal belongings thrown all over the . Spoke with Executive Director (ED) who stated resident is a hoarder. Smell of in the .

- strong odor of in , hole in wall behind - not corrected.

2. During an interview with the Maintenance Director: there is a leak in the pipe above the ceiling tile outside - still not repaired at 12:45 p.m. The duct work was all "mush." It all needs to be replaced. A new air conditioner will be installed.

3. Interview with ED at 12:20 p.m. brown laminate will be the new flooring. The big plan is to remove all the carpeting in the resident and put the laminate down, but it all takes time.

Class III

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 **third** State Licensure Revisit Survey conducted on 28, 2016 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the uncorrected deficiency that was 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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