STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	10/06/2016
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 Relicensure with Limited Nursing Services survey was conducted through at Hidden Oaks, an Assisted Living Facility (license #5531) in Ft Myers, Florida.

The following is description of the deficiencies.

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure 1 (Staff B) of 3 staff reviewed received required in-service training. The required training includes Resident Rights, Recognizing and Reporting Neglect and Exportation, Resident Behavior and Needs, Providing Assistance with the Activities of Daily Living, Control, and Elopement Response.

The findings included:

Record review for Staff B found a hire date of . The personal file for staff B had no documentation of having received the required training include Resident Rights, Recognizing and Reporting Neglect and Exportation, Resident Behavior and Needs, Providing Assistance with the Activities of Daily Living, Control, and Elopement Response.

On at 2:30 p.m., the Administrator said Staff B has not received the required training
The Administrator said that all documentation of training is in each staff's personnel record.

Class III

0082 Training - / .

Based on record review and interview, the facility failed to provide 1 (Staff B) of 3 staff reviewed received the required in-service training. The required training includes / (/) training.

The findings included:

Record review for Staff B found a hire date of . The record had no documentation of having completed the required training in / .

On at 2:30 p.m., the Administrator said Staff B did not receive the required training in / .

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The Administrator said that all documentation of training is in each staff's personnel record.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, record review and interview, the facility failed to ensure 2 (Staff B and C) of 3 staff review received the appropriate training related to assisting with the self-administration of medications.

The findings included:

1. Record review for Staff B found a hire date of . The personal file for staff B found a copy of the job description which note part of Staff B's job responsibility was to assist residents with the self-administration of medication. The record had no documentation of having completed the required 4-hour initial training in assisting residents with the self-administration of medication.

On at 3:31 p.m. Staff B was observed accessing a medication cart.

On at 3:38 p.m. Staff B said she assist residents with the self-administration of medications.

2. Record review for Staff C found he was hired . The personal file for staff B found a copy of the job description which note part of Staff B's job responsibility was to assist resident's with the self-administration of medication. The record had a certificate for a 4-hour initial training in assisting residents with the self-administration of medication. This certificate was dated . There was no documentation of having received the required 2 hour annual update.

3. On at 2:30 p.m. the Administrator said Staff B and C did not receive the required training in assisting residents with the self-administration of medications. The Administrator said that all documentation of training is in each staff's personnel record.

Class III

0086 Training - ADRD

Based on record review and interview, the facility failed to provide 1 (Staff B) of 3 staff reviewed received required in-service training. The required training includes and Related .

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

Record review for Staff B found a hire date of . The personal file for staff B had no documentation of having received the required training in and Related .

On at 2:30 p.m., the Administrator said Staff B has not received the required training in and Related . The Administrator said that all documentation of training is in each staff's personnel record.

Class III

0090 Training -

Based on record review and interview, the facility failed to provide 1 (Staff B) of 3 staff reviewed received required in-service training. The required training includes ( ).

The findings included:

Record review for Staff B found a hire date of . The personal file for staff B had no documentation of having received the required training in .

On at 2:30 p.m., the Administrator said staff B has not received the required training in . The Administrator said that all documentation of training is in each staff's personnel record.

Class III

0093 Food Service - Dietary Standards

Based on record review, observation and interview, the facility failed to have menus with portion sizes approved annually. They failed to have their planned menus dated and posted. The facility also failed to ensure an adequate emergency food supply was on hand.

The findings included:

1. Observation on at 12:00 p.m. found no dated menus were posted.

Record review of the facility's menu found they were using a 4-week menu cycle. The menus did not include portion sizes. These menus were last review on .

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 9:23 a.m. the Dietary Manager said the menus being used have not been reviewed by a registered dietician annually.

2. On at 9:23 a.m. an observation of the facility's emergency food supply found the facility had a supply of 494 oz. of non-perishable protein on hand. The facility had a current census of 104 residents. The required emergency supply of protein is 1872 oz.
The facility had no supply of non-perishable milk.

On at 9:23 a.m., the Dietary Manager said the facility has no additional non-perishable protein in the facility. The Dietary Manager said that the facility does not have any non-perishable milk.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM 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 state licensure survey that was completed on 2016 by representatives 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 , 2016.** 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.

Thank you for the assistance provided to the surveyors. 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

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
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