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 complaint survey for complaints CCR #2016008997 and CCR #2016010808 was completed on at Hidden Oaks of Fort Myers, an Assisted Living Facility (license #5531) in Fort Myers, Florida.

Complaint CCR #2016008997 contained 3 allegations, of which one was substantiated with a deficiency.

Complaint CCR #2016010808 contained 3 allegations, of which none were substantiated.

The following is a description of the deficiency.

0052 Medication - Assistance with Self-Admin

Based on record review, observation, and interview the facility failed to assist with the self-administration of medications appropriately for 2 (Residents #36 and #12) of 3 residents observed during the medication pass. Resident #36 did not receive medications as ordered by the physician on . Staff C failed to inform Residents #36 and #12 what medications they were receiving. An as needed medication was not available for Resident #12 when requested.

The findings included:

1. The medication label for Resident #36's read, " 88 mcg PO daily in the morning. Take 2 hours before any meds or food."

The physician's order dated read, " 88 mcg, take one tablet by mouth once daily in the morning for ; Take 2 hours before any meds or food."

was given at 8:47 a.m. to Resident #36 by Staff C, a Medication Assistant.

On at 8:47 a.m. Resident #36 said she had already eaten a breakfast of toast, coffee and orange juice.

On Staff C said the Resident should have received the medication prior to eating.

2. On at 8:47 a.m. Staff C dispensed medication into a medication cup and handed them to Resident #36. Staff C did not tell the Resident the name of the medications she was receiving.

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

On at 9:00 a.m. Staff C dispensed medication into a medication cup and handed them to Resident #12. Staff C did not tell the Resident the name of the medications she was receiving.

The facility Assistance with Self-Administration of Oral Medications procedure, page 30, number 8-A states, "Read the label to the resident ... "

3. On at 1:00 p.m. Resident #12 said she requested at 5:00 a.m. this morning. She said she was told the medication was not available. She said the staff told her it was locked in a safe and the staff did not have access to the safe where the overflow medications were kept. She said she can have the medication every four hours. She said she did not receive the medication until around 9:00 a.m. this morning.

On at 1:20 p.m. Staff C said he got a new card of at around 8:00 a.m. this morning. He said there was no in the medication cart for this resident when he arrived this morning.

Review of the Medication Observation Record revealed the resident had an at 10:42 p.m. on . She received a at 4:40 a.m. on but no .

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

RE: CCR #2016008997 & 2016010808

Dear Administrator:

This letter reports the findings of a state licensure survey complaint that was conducted on , 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified in relation to this complaint on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 this 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

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