STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	R 01/04/2017
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 revisit survey was conducted on 1/4/17 at Hidden Oaks an Assisted Living Facility (license #5531) in Fort Myers, Florida. This was a follow-up to the Relicensure with a limited nursing service survey completed on .

The following is description of the deficiencies found at the time of this revisit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to obtain a written statement from a health care provider documenting that newly hired staff does not have any signs or symptoms of communicable within 30 days of date of hire for 2 (Staff D and E) of 2 newly hired staff reviewed.

The findings included:

1. Record review showed Staff D with a hire date of / as a resident care aid. This staff's personnel file contained no written statement from a health care provider documenting that Staff D does not have any signs or symptoms of communicable .

2. Record review showed Staff E with a hire date of . This staff's personnel file contained no written statement form a health care provider documenting that Staff E does not have any signs or symptoms of communicable .

3. On / at 10:54 a.m., the Executive Director agreed these were missing from the files and he would get the documentation completed.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure newly hired staff received required in service training. The required training includes; control, Activities in Daily Living (ADL) and behavioral needs training, Elopement Response training, Emergency Preparedness and Evacuation training, Incident Report Training, Incident report training, Resident rights training, recognizing/reporting , neglect and training and nutritional and safe food handling training within 30 days of employment for 2 (Staff D & E) of 2 staff reviewed.

The findings included:

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	R **AL11942925**	**01/04/2017**
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)

1. Record Review showed Staff D with a hire date of 11/ . The personnel file for Staff D had no documentation of having received the required training within 30 days of employment including control, ADL and behavioral needs training, Elopement Response training, Emergency Preparedness and Evacuation training, Incident Report Training, Incident report training, Resident rights training, recognizing/reporting , neglect and training and nutritional and safe food handling training.

2. Record review showed Staff E with a hire date of / . The personnel file for Staff E had no documentation of having received the required training within 30 days of employment including control, ADL and behavioral needs training, Elopement Response training, Emergency Preparedness and Evacuation training, Incident Report Training, Incident report training, Resident rights training, recognizing/reporting , neglect and training and nutritional and safe food handling training.

3. On / at 10:54 a.m. the Executive Director agreed the files were missing documentation of trainings. He said he has a plan in action at this time to have all staff trained/retrained. The plan is to do trainings on Wednesdays and Thursdays as he wants them fully aware of what the process and expectations are.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure newly hired staff received the required /Acquired Deficiency (/) training within 30 days of employment for 2 (Staff D and E) of 2 staff reviewed.

The findings included:

1. Record Review showed Staff D with a hire date of /. . The personnel file for Staff D had no documentation of completing the required training in / .

2. Record review showed Staff E with a hire date of / . The personnel file for Staff E had no documentation of completing the required training in / .

3. On / at 10:54 a.m. the Executive Director agreed the files were missing documentation of trainings. He said he has a plan in action at this time to have all staff trained/retrained. The plan is to do

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	R 01/04/2017
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)

trainings on Wednesdays and Thursdays as he wants them fully aware of what the process and expectations are.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure 1 (Staff F) of 2 staff reviewed received the appropriate training related to assisting with the self -administration of medications.

The findings included:

On / at 11:59 a.m., Staff F stated she is a medication tech and she assists residents with medication daily when she works.

Staff F's personnel file contained a certificate for a 4-hour initial training in assisting residents with self-administration of medication dated . There was no documentation of having received the annual 2 -hour update.

On / at 12:22 a.m., the Executive Director stated he was unable to find documentation of Staff F attending the 2-hour annual update. He said he would ensure she gets the proper training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure newly hired staff received the required ( ) training within 30 days after employment for 2 (Staff D and E) of 2 staff reviewed.

The findings included:

1. Record Review showed Staff D with a hire date of /. The personnel file for Staff D had no documentation of completing the required training in .

2. Record review showed Staff E with a hire date of /. The personnel file for Staff E had no documentation of completing the required training in .

3. On / at 10:54 a.m., the Executive Director agreed the files were missing documentation of

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

trainings. He said he has a plan in action at this time to have all staff trained/retrained. The plan is to do trainings on Wednesdays and Thursdays as he wants them fully aware of what the process and expectations are.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

RE: AMENDED

Dear Administrator:

Please find enclosed the AMENDED State Form (5000) reflecting the deletion of state tag 0084 from the complaint revisit and moved to the relicensure revisit conducted on , 2017.

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

SH
Enclosure: Amended CMS 2567 and State Form (5000)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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 4, 2017 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 , 2017.**

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

sh
Enclosure: State Form

YOSF

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