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

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)

0000 - Initial Comments

An unannounced revisit survey was conducted on / at Hidden Oaks an Assisted Living Facility (license #5531) in Fort Myers, Florida. This was a follow-up to a complaint survey completed on

The following is description of the deficiencies found at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on record review and interview, the facility failed to assist with the self- administration of medication appropriately for 1 (Resident #36) of 3 residents reviewed.

The findings included:

Review of Resident #36's Medication Administration Records (MAR) for the months of 2016 and 2017 reveal 88 Mcg take 1 tablet by mouth at 6 am - to be taken 2 hours BEFORE any meds OR food. is scheduled on the MAR for 6:00 a.m. The MAR showed the initials of Staff F (a day shift med tech) for 23 days in 2016 and 3 days in 2017.

On / at 11:59 a.m. Staff F (med tech) said she comes in at 7:00 a.m., gets report & usually gives Resident #36 her medications including between 7:05 a.m. and 7:15 a.m. She stated she has not come in early on any days. Staff F said Resident #36 eats breakfast between 7:30 a.m. and 8:00 am. Staff F stated she does not know why night shift is not giving it.

On / at 11:59 a.m. Staff G (LPN) was present while talking with Staff F (med tech). Staff G said she does not know why the is not being given by night shift but she will be take care of it today.

On / at 12:22 p.m. the Executive Director stated the is being delivered by the pharmacy separately for night shift to give it, they are just not giving it at the right time. ED plans to follow up on this and have the medication given at the right time.

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

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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 revisit survey conducted on , 2017 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies 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 , 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/Fo .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

BBT7

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