STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	C 01/26/2017
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 complaint surveys #2016-013837 and #2016-014504 were conducted on 1/26/17 at Hidden Oaks of Fort Myers, an assisted living facility (license #553) in Fort Myers, Florida.

Complaint #2016013837 contained four allegations, of which one was substantiated with a deficiency.

Complaint #2016014504 contained two allegation, of which none were substantiated.

0027 - Resident Care - Arrangement for Health Care - 58A-5.0182(3) FAC

Based on interview and record review the facility failed to provide transportation to appointments for 2 (Resident #5 and Resident #6) of 6 residents interviewed who require transportation to appointments. The findings included:

Review of residency agreement on / at 10:15 a.m. showed the Residency agreement states "We offer assistance with scheduling and arranging of scheduled local transportation to stores and doctor appointments within a ten mile utilizing the community vehicle .....All doctor appointments shall be scheduled on the designated transportation days."

During an interview on / at 9:50 a.m. Staff A said, "When the residents have appointments, I will call and will make them. Some of their insurances will pay for transportation. The ones that don't have Medicaid we will get them set up with Passport through Lee Trans. It still costs them. I will arrange the transportation. We do not have a bus here. Our bus broke down months ago. There are plans to get the bus repaired. "

During an interview on / at 10:40 a.m. the Administrator said, "I have spoken with the owner and the bus should be repaired by the end of . The transportation is included in the resident's monthly rate. I was not aware the residents were having to pay out of their pocket for it. Scheduled transportation day is Monday."

During an interview on / at 11:03 a.m. Resident #6 said she has not had any missed appointments and was just set up with Passport she was told it was going to cost her $3.00 each way for the trip.

During interviews on / at 11:05 a.m. Resident #5 said he has not had any missed appointments but when he does take transportation (Passport) it costs him $3.00 each way and

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
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 survey that was conducted on 2017 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 2017.** 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 deficiency 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/For .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, RN
Field Office Manager

JS:
Enclosure: State (5000-3547) Form

XG90

Fort Myers Field Office
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Fort Myers, FL 33901
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