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| STATEMENT OF DEFICIENCIES                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11942925</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>05/11/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HIDDEN OAKS OF FORT MYERS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3625 HIDDEN TREE LANE<br/>FORT MYERS, FL 33901</b> |                                                     |

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

**0000 - Initial Comments**

An unannounced Complaint survey for CCR # 2017003252, CCR # 2017003631 and CCR # 2017004859 was conducted on ... through ... at Hidden Oaks of Fort Myers, an assisted living facility (license # 5531) located in Fort Myers, Florida.

Complaint # 2017004859 contained 1 allegation, which was substantiated with deficiency.  
Complaint # 2017003631 contained 2 allegations, 1 of which was substantiated with deficiency.  
Complaint # 2017003252 contained 2 allegations, which were substantiated with deficiency.

The following is description of deficiencies.

**0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC**

Based on record review and interviews, the facility failed to provide community transportation for outings to local stores for shopping, banking and cultural outings as per the admission agreement and as advertised in the facility brochure. By not providing activities in the community, the psychosocial well-being of the residents is affected by making them feel ... and confined to the facility.

The findings included:

The facility's admission agreement/contract under the section of transportation said the facility offers scheduled local transportation to stores within a ten mile ..., utilizing the community vehicle. The facility's brochure under services offered listed scheduled transportation for shopping and banking.

On ... 12:00 p.m., Resident #17 said she has been here for 2 years and they have no bus to take them on community outings. She said the facility's bus they were using has been sitting there for over a year with the motor is blown in it. The resident said the owner has have been promising to get another one, but "not happening." Resident #18 was present during the interview and said his main issue is no bus for outings.

On ... at 12:51 p.m., the facility's Executive Director (ED) said he is aware of resident complaints about not having a bus available for outings. He said there is now an addendum to the admission contract as the facility no longer provide a community bus. The ED said this occurred in ..., and he did let resident council know, but has never had the current residents sign any acknowledgement of receiving this addendum. He said the bus used to go out twice a week for outings.

On ... at 1:11 p.m., the Activity Director (AD) said the bus has been an issue for the residents. She

**AGENCY FOR HEALTH CARE  
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said the residents have been without a community bus since . The AD said the owner has told them the bus is coming, they just need to have the facility logo put on it. She said this was relayed to the resident council by the ED as coming before . The AD said there was a resident council meeting in , and residents were told the "bus was on its way". She said the residents want to get out to go shopping and have community activities. The AD said she feels it makes them depressed, as they feel they are stuck here. She said before the residents went out at least twice a week and would go out to eat and shopping. She has the old activity calendars and can see there were weekly outings. The AD said she feels bad as she has not been able to take them on an outing, as they do not have any way to take all the residents who want to go.

Class III

**0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC**

Based on record review and interview, the facility's administrator did not meet the qualifications of an assisted living administrator by not having taken the Assisted Living Facility Core Training Requirements and Competency Test (CORE) course and passing the competency test within 3 months of hire.

The findings included:

On , the Administrator's (Staff G) personnel file revealed he was hired on and became the administrator of record on . Staff G did not complete the CORE training and competency exam requirements until .

On at 10:58 a.m., Staff G confirmed his date of hire was 11/ and did not complete his CORE training within the 90 days.

Class III

**0086 - Training - ADRD - 58A-5.0191(9) FAC**

Based on record review and interview, the facility failed to provide evidence of 1 (Staff L) of 2 direct care staff taking care of residents in the facility's memory care unit.

The findings included:

The facility's brochure advertised Memory Care services were provided through a secured environment and offered a variety of therapeutic approaches to care.

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| <p>The facility's current staffing schedule was reviewed on _____ for the secured Memory Care Unit. Staff L was noted to be working on 3 of the days of the week reviewed. Staff L's personnel file revealed her date of hire was _____. There was no evidence of any training for _____'s _____ and related _____.</p> <p>On _____ at 2:32 p.m., the Executive Director confirmed there was no documentation of any trainings for Staff L.</p> <p>Class III</p> |                                                                                                |                                                     |

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**Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS**

Based on record review and interview, the facility failed to ensure all new employees had a current background screen after a 90 day lapse in service for 2 (Staff H and Staff I) of 6 personnel files reviewed.

The findings included:

1. The personnel file for Staff H indicated she was hired on . The Agency for Health Care Administration (AHCA) screening clearinghouse indicated Staff H was eligible to work on . Staff H's application listed a lapse in service from until hired by the facility on . This is a 14 month gap in service.
2. The personnel file for Staff I indicated she was hired on . The AHCA screening clearinghouse indicated Staff I was eligible to work on . Staff I's application listed a lapse in service from to . This is a 5 month gap in service.
3. On at 10:58 a.m., the Executive Director (ED) confirmed the findings for Staff H and Staff I. The ED said they try to check references to confirm dates of employment but does not always happen and had not noted the break in service for these 2 staff.

Unclassified