

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942925	(X3) DATE SURVEY COMPLETED 09/22/2017
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 survey for CCR# 2017009351 was conducted on 09/22/17 at Hidden Oaks of Fort Myers, an assisted living facility (license #5531) in Fort Myers, Florida. The complaint contained 2 allegations, of which 2 were unsubstantiated. No deficiencies were found at the time of the visit.		