STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	11/19/2017
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 closure monitoring visit was conducted on at Hidden Oaks of Fort Myers, an assisted living facility (license # 5531) in Fort Myers, Florida.

The following is a description of the deficiencies identified during the visit.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, resident and staff interview and record review, the facility failed to ensure medications are filled or refilled in a timely manner, and/or changes in directions for use of medications are promptly recorded in the residents' medication observation record (MOR) for 2 (Resident #3 and #4) of 4 residents interviewed. These 2 residents did not receive at least 14 doses of ordered medications in 18 days.

The findings included:

During a monitoring visit on at about 1:45 p.m., the Agency supervisor discussed shortages of medications with the facility administrator and the nursing supervisor.

1.a. In an interview on at 6:00 p.m., in a distressed tone, Resident #3 complained she did not get her afternoon medication.

On review of Resident #3's MOR revealed ( ) 5 milligrams (mg) by mouth daily. The back of the page noted " 10 mg N/G" (not given).
On at 6:30 p.m., Caregiver Staff D explained only 10 mg was in the medication cart, not 5 mg.

Review of physician orders for Resident #3 dated included increase to 10 mg by mouth daily for .

b. Resident #3's MOR showed ( ) 1 mg at bedtime for sleep was circled as not given 10 of 18 days. The back of the page noted not given with reasons "not on cart" or "on order."
On at 6:35 p.m., Caregiver Staff D confirmed 1 mg was not in the medication cart.

c. Resident #3's MOR showed ( ) 1 mg at bedtime for was marked not given on and . The back of the page noted "on order." On at 6:35 p.m., Caregiver Staff D said only 2 mg tablets were in the medication cart.

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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)

Review of physician telephone orders for Resident #3 dated included increase to 2 mg by mouth at bedtime for mood stabilization and sleep. The order was signed by the Advanced Registered Nurse Practioner.

2. In an interview on at 6:05 p.m., Resident #4 complained she did not get a medication last night. She said she takes , 400 mg in morning and 600 mg in evening. "It's not the first time" she didn't get her medication.

On review of Resident #4's MOR revealed , ( ) 400 mg every morning. There was no evening dose on the MOR.

On at 6:40 p.m., a 600 mg , labeled for 9 p.m. for Resident #4 was observed in the medication cart.

On at 6:40 p.m., Caregiver Staff D explained she could not provide the medication because it was not on the MOR.

Review of signed physician orders for Resident #4 dated included , 400 mg in a.m. and 600 mg in h.s. (bedtime).

Class III