STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966105	**01/10/2018**
NAME OF PROVIDER OR SUPPLIER **HIDDEN PINES A.L.F., INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **16242 SYCAMORE DRIVE E** **LOXAHATCHEE, FL 33470**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on at Hidden Pines ALF (license# 10390). The facility had a deficiency identified at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview and record review, the facility failed to ensure that the Agency for Healthcare Administration, (AHCA)Florida Health Assessment form (1823 form) reflects the accurate condition of the Resident and the Third Party Services being provided to the Resident, for 1 of 2 resident records reviewed (Resident #2). Specifically, the facility failed to update the Health Assessment to document a significant change in Resident #2's condition.

The findings included:

A resident record review was conducted for Resident # 2. Resident # 2 was admitted into the facility in . Based on a review of the Resident's Health Assessment form (1823 form) completed by a Physician on , it states he suffers from the following diagnosis: Type II , Insufficiency, and a Tract . He is dependent for his Type II . Therefore, he requires Third Party Home Health Nursing Services. The form states he requires assistance with the following activities of daily living: bathing, dressing, and toileting. He requires supervision with transferring. He is independent with eating,

A review of the Resident's medical chart reveals he has daily visits from a Registered Nurse (RN), who checks his vital signs and his glucose level. The Service is provided by a Third Party Service. Under the section of the Health Assessment form. The Nursing Services/ question shows none received.

On at 11:00 AM, an interview was conducted with Resident # 2. He stated he does not require assistance with bathing, dressing, toileting and . He was observed going to the out the day, on his own, without assistance. The Health Assessment indicated the Resident required supervision with transfers. The Resident was observed from 10:00 AM - 04:00 PM transferring from the recliner chair, the bed and the dining table without assistance from Staff.

On at 04:00 PM, an interview was conducted with the facility Owner and the facility Administrator. They both acknowledged the findings. The Administrator stated that the Resident was receiving at the time the Health Assessment was completed

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Class III