Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	AL11953185		06/26/2023

NAME OF PROVIDER OR SUPPLIER: CAMELOT CHATEAU ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: 1831 S.E. LAKE WEIR AVENUE, OCALA, FL 34471

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint investigation (complaint number 2023009811) was conducted at Camelot Chateau Assisted Living on , . Deficiencies were identified at the time of the survey.	A 000		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain daily Medication Observation Records (MORs) for 3 of 3 residents reviewed for assistance with self-administration of medication, Resident #4, Resident #5, and Resident #6. Findings include: On , a review was conducted of the MOR for Resident #4. The review revealed that information was missing for the following medications: 12% Lotion, (1) , twice a day, every day, start date . There were no entries for the 9:00 AM dose on the following dates: , , , , , , , and . Inhaler SP, (2) puffs by twice a day, every day, start date . There were no entries for the 9:00 AM dose on the following dates: , , , and . Comp-Air System, (1) puff by morning before breakfast, every day, start date . There were no entries for the 7:00 AM dose on the following dates: , , , , and . 1 MG [milligram] Tabs [tablets], (1) tab by once a day, every day, start date . There were no entries for the 9:00 AM dose on the following dates: , , , , , and . / Tab, (1) tab by once	A 054		

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A 054	Continued From page 2 a day, every day, start date . . . . There were no entries for the 9:00 AM dose on the following dates: . . . , . . . , . . . , . . . , . . . , ... , and . . . . 50 MG Tablet, (1) tab by . . . . three times a day, every day start date . . . . . There were no entries for the 9:00 AM dose on the following dates: , , , , , . . . , ... , and . . . . . There were no entries for the 12:00 PM dose on . . . . . B-1 100 MG tablet, (1) tab by once a day, every day, start date . . . . . There were no entries for the 9:00 AM dose on the following dates: . . . , . . . , . . . , . . . , . . . , . . . , . . . , . . . , and . . . . . On , a review was conducted of the . . . . MOR for Resident #5. The review revealed that information was missing for the following medications: Caplyta 42 MG Caps [Capsules], (1) cap by at bedtime, every day, start date . . . . . There were no entries for the 5:00 PM dose on the following dates: , , , , , , . . . , . . . , . . . , . . . , . . . , and . . . . , . . . 20 MG Tablet, (1) tab by . . . . once a day, every day, start date . . . . . There were no entries for the 9:00 AM dose on the following dates: , , , , , , , . . . , . . . , . . . , ... and . . . . Prop [. , ...] 50 MCG [micrograms] SPR [spray], (2) in the nostrils once a day, every day, start date . . . . . There were no entries for the 9:00 AM dose on . . . . . 40 MG Tablet, (1) tab by once	A 054		

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CAMELOT CHATEAU ASSISTED LIVING	1831 S.E. LAKE WEIR AVENUE OCALA, FL 34471

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A 054	Continued From page 3 a day, every day, start date . There were no entries for the 9:00 AM dose on the following dates: , , ,

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A 054	Continued From page 4 , , , , , , , , and . . . There were no entries for the 8:00 PM dose on the following dates: , , , , , , , , , , , and . On , a review was conducted of the . . . . MOR for Resident #6. The review revealed that information was missing for the following medications: . . . . , . . . 800 MG Tabs, (1) tab by . . . three times a day, every day, start date . There were no entries for the 4:00 PM dose on the following dates: , , , , , , , , , , ,

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A 054	Continued From page 5 Review of facility policy titled, "Medication Management Storage & Disposal", (undated), revealed it read (in part), "For residents who receive assistance with self-administration or medication administration, the facility shall maintain a daily Medication Observation Record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record (MOR) must include the name of the resident and any known [illegible] that the resident may have; the name and telephone number of the resident's healthcare provider, the name of each medication prescribed, the strength, and directions for use; and a chart for recording each time the medication is taken, any missed doses, refusals to take medication as prescribed, or medication errors. The medication observation record (MOR) must be immediately updated each time the medication is offered or administered." Class III	A 054		