Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953185	A. BUILDING: _____ B. WING _____	C 09/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELOT CHATEAU ASSISTED LIVING	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 2025011332) was conducted at Camelot Chateau Assisted Living on , . Deficiencies were identified at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 1 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment free of hazards for 1 of 3 resident rooms observed, Resident #1's room. Findings include: During a tour of the facility on , , at 9:39 AM, several dark, unidentifiable stains were observed around the air conditioner vent inside the bathroom of Resident #1's room. A tile threshold separating the bathroom floor and the shower was observed to be broken and missing several tiles. The area missing the tiles were observed to have multiple sharp surfaces. There were also at least five small tiles that were missing from the floor of the shower. (Photographic evidence obtained.) During an interview on , , at 9:42 AM, the Cook reported observing black stains above the ceiling vents in the dining room and noted she had seen similar stains in resident rooms. During an interview on , , at 10:32 AM, the Administrator stated that he was unaware of any stains around the vents and confirmed they use paint, but not to cover the stains. The Administrator stated that he was unaware of the condition of the bathroom tiles in	A 152		

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A 152	Continued From page 2 Resident #1's room. Class III	A 152		