



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Camelot Chateau
1831 S.E. Lake Weir Avenue
Ocala, FL 34471

Dear Administrator:

Re: CCR #2012011892

This letter reports the findings of a complaint survey that was conducted on , 2012 by representative(s) of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER CAMELOT CHATEAU			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 On _____ an unannounced Assisted Living Facility (ALF) complaint investigation for CCR #2012011892 was conducted on _____ Camelot Chateau was found not to be in compliance with Chapter 429, Part I, F.S. and 58A-5, F.A.C.	A 000			
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least _____ trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented	A 052			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6099

JKYB11

If continuation sheet 1 of 5

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A 052	Continued From page 1 in the resident ' s record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility; 2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record; 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable	A 052			

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A 052	Continued From page 2 route. (c) Administration of medications through intermittent positive pressure breathing machines or a _____. (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of _____ preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) _____ or _____ preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that one out of six of the sampled residents (resident #6) had properly trained/certified staff to care for the resident's _____ needs. Findings: Observation and concurrent interview with resident #6 on _____ at 10:36 AM revealed the resident was receiving _____ (nasal cannula) and was short of breath while sitting on her bed in her _____. She stated "I have to have my _____ all the time now and I can't switch out the tubes (canisters) when I go to the cafeteria." The resident added that the Certified Nursing	A 052			

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A 052	Continued From page 3 Assistants (CNAs) do all of her care since she has gotten weaker in the last couple of weeks stating "the staff turn it on and off and switch out my tanks for me; I used to be able to do it (supplemental but I am too weak." Interview with the CNA in charge of resident #6's (CNA "A") on at 10:36 AM revealed she has been an employee at the facility for 9 months. She stated that residents who currently use at the facility are located in 18, 16 and 11 (2 in She added that resident #6 uses her call button when she needs assistance for her Activities of Daily Living (ADLs), and/or any other activities she (resident #6) needs. When asked about the how the was facilitated for the residents, staff (letter "A") stated: "The ones downstairs do it on their own, but this one in (resident #6); we turn it on and switch out the pumps-she can't do it." Interview with the administrator on at 1:30 PM revealed she was unaware that the CNA's were doing care for the residents, but that she will ensure that they (CNA's and all staff) are re-trained to ensure they do not engage in any activity for which they are untrained to do/ and or is a forbidden task to undertake according to the State of Florida regulatory agencies/requirements. The administrator added "I think of as a medication and want all the staff to treat it the same; this is a great opportunity to train the staff to help the residents learn how to care for their needs on their own if possible, and attempt to allow them to age in place." Class: III	A 052			

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A 052	Continued From page 4 Correction Date: _____	A 052			