

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

January 28, 2013

Administrator
Chambrel at Pinecastle
1801 SE 24th Road
Ocala, FL 34471

Re: CCR #2012013303

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 11, 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction, State (3020) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

7MRZ



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2013
NAME OF PROVIDER OR SUPPLIER CHAMBREL AT PINECASTLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 SE 24TH ROAD 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 investigation CCR#2012013303 was conducted on January 11, 2013. The complaint was confirmed without deficiency. Deficient practice was not identified specific to the complaint investigation only. The facility is found to be in compliance with Chapter 429, Part I, Florida Statutes and Chapter 58A-5, Florida Administrative Code.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6900

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If continuation sheet 1 of 1