AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 2013 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

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910267	**09/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Chambrel At Pinecastle	**1801 Se 24th Road Ocala, FL 34471**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility (ALF) change of ownership along with Limited Nursing Services survey was conducted at Chambrel at Pinecastle in Ocala, Florida, on 2013. The facility is not in compliance with 429.01-429.54, Part I & 408, Part II, Florida Statutes; and 58 A-5 & 59 A-35, Florida Administrative Code.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on interview and observation, the facility failed to ensure that all expired medications were disposed of properly on 1 of 3 medication carts.

Findings:

The facility's three medication carts were checked for expired medication on One of three carts reviewed (cart #3) revealed two expired medications: 1) Tab 12.5 mg with an expiration date of for resident #13. 2) SM Anti-Diar Tab 2 mg with an expiration date of for resident #13.

An interview with staff A was conducted on at 10:26 AM. She confirmed that the medications were expired.

Class III