State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11963835	A. Building B. Wing	4/8/2015

Name of Facility	Street Address, City, State, Zip Code
CHATEAU BLANC	711 CASLER AVENUE CLEARWATER, FL 33755

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0077 Reg. # 429.176 FS; 58A-5.019(1) F LSC	Correction Completed	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 04/08/2015	ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed
ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 04/08/2015	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By**	**Date:** 4/10/15	**Signature of Surveyor:**	**Date:**	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	
Followup to Survey Completed on:		**Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?**		**YES**	**NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963835	R **04/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CHATEAU BLANC	**711 CASLER AVENUE CLEARWATER, FL 33755**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to the investigation CCR #2014012302 was conducted on

Chateau Blanc, Assisted Living Facility, had one uncorrected deficiency identified at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, two of four staff sampled (A and C) still did not have a communicable statement from a health care provider based on an exam within the last six months, nor had a documented status on an annual basis for one of three staff with said evaluation in place (D).

Findings Include:

A review of personnel files during the revisit found no assessment from a health care provider regarding Staff A and C with respect to their freedom from signs and symptoms of communicable other than In addition, review of Staff D's record revealed a statement that had expired Further review found no subsequent evaluation for Staff D. Interview with the Owner at approximately 1:20 pm on confirmed that neither the communicable statements for Staff A and C, nor the updated assessment for Staff D had been obtained.

(This is an uncorrected deficiency from the Investigation).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Chateau Blanc
711 Casler Avenue
Clearwater, FL 33755

RE: CCR#2014012302

Dear Administrator:

This letter reports the findings of a Complaint revisit survey conducted on 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than thirty days from the date of this letter.

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 call this office at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State Form 5000-3547

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