| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11963835 | 09/16/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**CHATEAU BLANC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**711 CASLER AVENUE**<br>**CLEARWATER, FL 33755** | |

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

**0000 Initial Comments**

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted on .

Chateau Blanc II, Assisted Living Facility, had deficiencies identified at the time of the visit.

**0003 Licensure - Change of Ownership (CHOW)**

Based on record review and interview, the facility was not in compliance with Section 429.12, Florida Statutes with respect to change of ownership protocol/procedure as it pertained to two of two residents sampled (#1; 4). Findings include:

A review of resident records during the / change of ownership inspection revealed that neither Resident #1 nor #4, both admitted prior to the arrival of the new owners, had received any written documentation of the ownership transfer. Interview with the administrator at approximately 1pm on verified that although the owner had verbally introduced herself to the residents, she had not yet issued any formal notification to the residents and/or their families in writing.

Class III

**0162 Records - Resident**

Based on record review and interview, one of two recipients reviewed (#1) did not have a copy of the Dept. of Children and Families form Alternate Care Certification for ( ), CF-ES 1006, . Findings include:

An interview with the administrator at approximately 10:20am on / revealed that Resident #1 was an recipient. However, review of this individual's file found no documented evidence that the CF-ES 1006 form had been completed, nor a formal Notice of Case Action. Interview with the administrator at approximately 12:45pm on provided no clarification.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Chateau Blanc
711 Casler Avenue
Clearwater, FL 33755

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) survey that was conducted on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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