RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

**RE: CCR #2015011297 & 2015011681**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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 , 2016.** 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bray for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5869
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953185 | 01/07/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**CAMELOT CHATEAU** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1831 S.E. LAKE WEIR AVENUE**<br>**OCALA, FL 34471** | |

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

**0000 Initial Comments**

A complaint investigation for CCR 2015011681 and 2015011297 was conducted on , 2016 at Camelot Chateau Assisted Living Facility in Ocala, FL. Camelot Chateau had deficiencies at the time of the investigation.

**0055 Medication - Storage and Disposal**

Based on observation, interview and record review, the facility failed to secure or lock the medications of 3 of 3 sampled Residents (Resident #6, #8 and #13) who are independent in self-administration of medications.

Findings:

An interview and observation was conducted on / at 8:30 AM with Resident # 6 in . She stated her son fills her 2 pill boxes for her and she stores her medications in a soft zippered bag under her bed. She stated they do not always keep their locked when out of the . She confirmed she had been told her medications needed to be secured and kept locked in her . Medications were observed in soft zippered bag under her bed. (photographic evidence of unsecured medications obtained).

During an interview and observation with Resident # 8 on / at 12:50 PM, in the presence of daughter and granddaughter, she stated she and her husband have lived here for 2 years. She stated she has self-administered her own medications for years and has never locked them because she does not want to. Medications were observed on the floor, on the bedside dresser; medications included , , , , , and . Other medications were observed in a blue tote bag that was on the floor next to her bed. Resident #8 confirmed that she sometimes leaves her . (photographic evidence of unsecured medications obtained).

An interview with the Director of Resident Care (DRC) on / at 1:45 PM. She stated that she assumed that the son had already brought in the lock box. DRC confirmed that she did not check or follow up if Resident # 8 medications are secured or locked.

An interview and observation was conducted in on / at 4:15 PM., which revealed Resident #13 is in her television. Resident #13 was observed to be alert and oriented. She stated that she self-administers her own medication. When asked where her medications were stored, she pointed to the floor. Resident #13's medications were observed to be in a bin on the floor next to her bed. The bin contained the following medications: , , , ,

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953185 | 01/07/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**CAMELOT CHATEAU** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1831 S.E. LAKE WEIR AVENUE**<br>**OCALA, FL 34471** | |

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

, and . When asked if her medications were secured in a lock box before, she replied; I have the lock box in my closet and I just don't lock them. Resident stated she locks her times when she goes out.

Review of the facility medication storage agreement policy provided by the Director of Resident Care (DRC) on / at 3:15 PM did not reveal an updated or revision date. The policy on page 1 of 1 reads: a) In order to accommodate the needs and preferences of residents and to encourage the residents to remain independent as possible, residents may keep their medications, both prescription and over the counter (OTC), in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in some place which is out of sight of other residents.
Class III

**0152 Physical Plant - Safe Living Environ/Other**

Based on observation and interview, the facility failed to provide a living environment free of hazards: unsecured portable tanks, for 1 (Resident #5) of 2 Residents in the facility.

Findings:

An observation was conducted on / at 10:30 AM of Resident #5's . Portable tanks were observed in the resident's open door closet. 17 portable tanks were observed lying or standing about the closet floor, not in a secured holder. (see photographic evidence of tanks in closet unsecured)
An interview was conducted on / at 10:40 PM with Resident #5. The Resident confirmed he wears continuously. The Resident indicated he takes care of his own and stated he tells staff when he needs more tanks.

An interview was conducted on / at 2:18 PM with the Administrator regarding unsecured portable tanks in Resident #5's closet. The Administrator stated " I am unaware of the unsecured portable tanks in Resident #5's closet as I thought the equipment company took care of that. " " I will have to check into this matter. "
An interview was conducted on / at 2:30 PM with the Administrator and he confirmed the portable tanks, in Resident #5's closet, were unsecured.
Class III

**0165 Risk Mgmt & QA: Adverse Incident Report**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953185 | 01/07/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**CAMELOT CHATEAU** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1831 S.E. LAKE WEIR AVENUE**<br>**OCALA, FL 34471** | |

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

Based on interview and record review, the facility failed to report an adverse incident event that was reported to law enforcement for investigation for 2 (Resident #2, Resident #5) of 6 residents.

Findings:

An interview was conducted on / at 10:40 AM with Resident # 5 regarding if he had any money stolen. Resident # 5 confirmed he had money stolen from his bank account by an employee of the facility. Resident # 5 confirmed that law enforcement conducted an investigation. Resident # 5 confirmed he was unsure of the amount of money stolen but thinks he received about $1600.00 returned to his bank account.

An interview was conducted on / at 11:52 AM with Resident # 2 regarding if she had any money stolen. Resident # 2 confirmed she had money stolen from her bank account by an employee of the facility. Resident # 2 confirmed that law enforcement conducted an investigation. Resident # 2 confirmed she was unsure of the amount of money stolen but thinks she received about $300.00 returned to her bank account.

Facility record review showed no documentation of a 1-day or 15-day Adverse Incident Report being completed in reference to law enforcement investigation of money being stolen from Residents #2 and #5.

An interview was conducted on / at 1:12 PM with the Administrator. The Administrator confirmed the Department of Children and Families (DCF) and Law enforcement had been in the facility to investigate misappropriation of Resident funds on , 2015. The Administrator further confirmed that the investigation is on-going and he has not received the reports of the investigation. The Administrator confirmed the employee in question was released , 2015 after an internal investigation discovered a " conflict-of-interest " regarding charging Residents a fee for doing their shopping. The Administrator confirmed they had no prior knowledge of the allegations before Department of Children and Family (DCF) came to the facility. The Administrator confirmed he was not aware any adverse incident reported to Law enforcement is also reportable to AHCA. The Administrator further confirmed no 1 day or 15-day Adverse Incident reports had been filed with AHCA.
Class III