RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016001111

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953185	03/02/2016
NAME OF PROVIDER OR SUPPLIER **CAMELOT CHATEAU**	STREET ADDRESS, CITY, STATE, ZIP CODE **1831 S.E. LAKE WEIR AVENUE** **OCALA, FL 34471**	

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

0000 Initial Comments

On , 2016, a complaint survey (CCR#2016001111) was conducted at Camelot Chateau Assisted Living Facility. Deficient practice was identified, the facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have an accurate 1823 health assessment for 1 of 2 residents (Resident #3).

Findings:

On at approximately 12:15 PM, Resident #3 stated she self administers her own medication.

On , a record review was conducted of Resident #3's 1823 Health Assessment, dated . It was observed that the assessment stated she needed assistance with self-administration of medication.

On at approximately 1:49 PM, the Administrator stated the 1823 health assessment dated was incorrect and that Resident #3 administers her own medication.

Class III