STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922197	09/15/2016
NAME OF PROVIDER OR SUPPLIER **CAMELOT COURT**	STREET ADDRESS, CITY, STATE, ZIP CODE **2233 MCKINLEY STREET** **HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced abbreviated Relicensure survey was conducted on at Camelot Court, (License #7096). The facility had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record, it was determined the facility failed to ensure that each staff member had documentation/evidence of a negative ( ) examination annually, for 1 out of 3 staff members (Staff A).

The findings include:

Record review of Staff A's personnel record revealed her date of hire was . Further review revealed Staff A's file lacked annual documentation since / from a physician indicating the employee is free from .

In an interview with Administrator on / at approximately 1:05 PM, she acknowledged the findings and stated no further documentation was available for review.

Class III

0082 Training - /

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff members (Staff B) had obtained an initial training on / within 30 days of employment.

The Findings Include:

A record review conducted for Staff B, hired on / , revealed no documentation of an initial training on / within 30 days of employment.

An interview conducted on at approximately 1:30 PM, the Administrator acknowledged the findings and stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September [illegible], 2016

Administrator
Camelot Court
2233 McKinley Street
Hollywood, FL 33020

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on [illegible], 2016 by a representative 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 3, 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 representative. Should you have any questions please call this office at (561 381-5840.

Sincerely,

/Arlene Mayo-Davis/

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

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