STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953185	**02/22/2018**
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

An unannounced complaint survey (CCR#2018000081) was conducted on 02.26.2018 at Camelot Chateau Assisted Living Facility (License # 5429), Ocala, FL. Deficient practice was identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview, the living assisted facility failed to ensure 1 of 3 resident records reviewed (Resident #8) had a complete Resident's Health Assessment (AHCA Form 1823).

Findings:

Record review of resident #8's most recent health assessment (dated on) found on page 1 an omission of resident's and , on page 2 the health assessment did not indicate comments as to what type of assistance resident #8 needs with activities of daily living nor was the diet order checked, on page 4 the health assessment did not indicate what type of medication assistance resident #8 needs and the portion of the form which lists the medications is blank with no notation "see attached" (as medication lists were located behind page 4), and finally page 5 of the health assessment is missing the signature of the resident (recipient or guardian). (See photographic evidence included).

An interview was conducted with the Assistant Administrator on 02.26.2018 at 10:28 AM. She confirmed the omissions found on Resident #8's health assessment form dated 02.19.2018 and stated she will be conducting an audit of the resident records to ensure completeness of all the AHCA 1823 Health Assessment Forms.

Class III