



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 3, 2015

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

Dear Administrator:


This letter reports the findings of a state licensure survey that was conducted on May 21, 2015 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 forward documentation of correction to the Field Office.** Staff from this office will conduct a review after **July 3, 2015** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



**AGENCY FOR HEALTH CARE
ADMINISTRATION**
**PRINTED: 06/15/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953185	(X3) DATE SURVEY COMPLETED 05/21/2015
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 05/20-21/2015 an unannounced Change of Ownership survey was conducted at Camelot Chateau Assisted Living Facility in Ocala, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, interview and record review, the facility failed to provide verbal prompting to ensure medications were taken as prescribed for 1 of 3 residents observed during a medication pass (Resident #1).

Findings:

- 1.) On 5/20/15 at 10:00 AM Staff A was observed assisting residents with the self-administration of medications. Staff A gave resident #1 a cup of medications containing vitamin B-12. Resident #1 was observed swallowing the Vitamin B-12. Staff A did not verbally prompt Resident #1 to place the medication under her tongue. On 05/20/2015 at 10:11 AM Resident #1 was interviewed. She denied knowing the medication should have been placed under her tongue. During the interview with Resident #1, Staff A stated, " She (Resident #1) always swallows them (vitamin B-12 pill(s)). "
- 3.) A review of Resident #1 ' s physician orders revealed the vitamin B-12 was ordered to be given sub lingual (under the tongue).

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility to document the Medication observation record (MOR) to reflect a missed dosages for 1 of 3 residents observed during a medication observation pass (Resident #1).

- 1.) A review of the MOR revealed Resident #1 ' s eye drops were signed off by Staff (A) as given at 10:00 AM (copy obtained).
- 2.) On 05/20/15 at 5:25 PM an interview was conducted with the Staff A. Staff A stated she forgot to give the eye drops to Resident #1. She could not explain why she signed the MOR to reflect the medication had been given to Resident #1.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 15, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 13, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

A handwritten signature in black ink, appearing to read "Kriste J. Mennella".

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION****PRINTED: 07/15/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953185	(X3) DATE SURVEY COMPLETED R 07/13/2015
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 Follow Up survey was conducted at Camelot Chateau Assisted Living in Ocala, Florida on 7/13/2015. No licensure deficiencies were identified as a result of the survey. The facility was in compliance.