

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OR SUPPLIER SAN JEAN FACILITY CARE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 815 24TH STREET ORLANDO, FL 32805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments Complaint Investigation #2020012211 was conducted on 07/24/2020 and 07/24/2020. San Jean Facility Care had a deficiency at the time of the visit.	A 000			
A 152 SS=G	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest of drawers, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation, fire inspector report review and interview, the facility failed to provide a safe environment free from hazards and covered all fire pull stations with a locked cover, making them inaccessible in the event of a fire. Findings: Observation on at 1:30 PM of the fire alarm pull stations in building 1 found they were covered by a clear plastic box with a lock which required a key. When asked about the covers, the staff member unlocked and removed the covers. (photographic evidence obtained) On at 1:35 PM, the assistant administrator stated the locked covers were placed on the pull stations in building 1 a few weeks ago because residents were randomly pulling the fire alarms. When asked what would happen in the event of a real fire, she said staff are required to unlock the box with a key before the alarm can be pulled. She stated she did not contact or have any documentation from the local fire marshal that the locked covers were OK to use. On at 2:30 PM, the administrator did not reveal he was told by the fire inspector the day before to remove the covers from the pull stations. He said he had talked to the alarm company and they were advising him about	A 152			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAN JEAN FACILITY CARE, INC

**815 24TH STREET
ORLANDO, FL 32805**

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A 152	Continued From page 2 something else to cover the alarm boxes. On at 8:30A.M, the county fire inspector stated he was in the facility on and observed the covers. He stated on the administrator immediately removed the covers when told they were not permitted. The inspector stated he cited the facility for the unauthorized covers and 4 other violations related to the safety of the fire alarm and sprinkler systems. Review of the fire inspector's report dated revealed "Manual fire alarm boxes shall be accessible, unobstructed, and visible." Additional violations on the report indicated: 1) the sprinkler system had not been serviced and was currently "red tagged." 2) the fire alarm system had not been maintained and tested, and showed a trouble code, 3) the fire protection system was not maintained in a reliable operating condition, and the fire alarm showed a trouble code, and 4) smoke detectors were not found as required. (photographic evidence obtained) Class II	A 152		