Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11967551 | A. BUILDING: _____ B. WING _____ | R 07/27/2020 |

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| SAN JEAN FACILITY CARE, INC | 815 24TH STREET ORLANDO, FL 32805 |

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| {A 000} | Initial Comments<br><br>A revisit to complaint investigations #2020007874 and #2020007875 was conducted at San Jean Facility Care on , , and 27, 2020. Deficiencies were identified at the time of the survey. | {A 000} | | |
| A 010 SS=D | 429.26( &9) FS; 59A-36.006(4) FAC<br>Admissions - Continued Residency<br><br>429.26<br>(1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.<br>(2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility.<br>(9) A , ill resident who no longer meets | A 010 | | |

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| A 010 | Continued From page 1<br><br>the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met.<br><br>59A-36.006<br>(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:<br>(a) The resident may be bedridden for no more than 7 consecutive days.<br>(b) A resident requiring care of a [illegible] may be retained provided that:<br>1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider,<br>2. The condition is documented in the resident's record; and,<br>3. If the resident's condition fails to improve within 30 days, as documented by a health care | A 010 | | |

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| A 010 | Continued From page 2<br>provider, the resident must be discharged from the facility.<br>(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:<br>1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;<br>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;<br>3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,<br>4. Documentation of the requirements of this paragraph is maintained in the resident's file.<br>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.<br>(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.<br>(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.<br>(g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. | A 010 | | |

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| A 010 | Continued From page 3<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, resident record review and interview the facility failed to consider the appropriateness of continued residency for 2 of 4 sampled residents who exceeded residency criteria. (#5, 10).<br><br>Findings:<br><br>Review of the record for resident #5 revealed a health assessment (1823) dated following a hospital admission for a [redacted]. The assessment documented resident #5 required 24-hour nursing or [redacted] care. In addition, the form indicated resident #5 did not require help taking medications, but also had checked both the boxes for "needs assistance with self-administration" and "needs medication administration."<br><br>Review of the record for resident #10 revealed an admission date of [redacted]. Continued review revealed he had a health assessment dated [redacted] following a hospital stay. The form was left blank for the question concerning if the resident had any communicable [redacted] (page 2, section C).<br>(photographic evidence obtained)<br><br>On [redacted] at 1:50PM, the assistant administrator confirmed the findings.<br><br>Class III | A 010 | | |
| {A 025} SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26 | {A 025} | | |

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| {A 025} | Continued From page 4<br><br>(7) The facility must notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition.<br><br>59A-36.007<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as | {A 025} | | |

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| {A 025} | Continued From page 5<br><br>needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>DEFICIENCY REMAINS UNCORRECTED<br><br>Based on record review and interview, the facility failed to follow a health care provider' s order for 2 of 4 sampled residents (#2, 3)<br><br>Finding:<br><br>1. When a request to review the record for resident #2 was made on , the assistant administrator stated resident #2 was no longer living in the facility. The admission & discharge log revealed an admission date of but did not contain a discharge date. Review of the closed record found the most recent health assessment (1823), dated , indicated diagnoses which included , , and . She was noted to be at risk for . A health care provider's order, dated , indicated the resident was to have a evaluation and treatment. Continued review of the resident's record did not reveal any documentation was ever consulted or provided. Additionally, a note on at 12:00PM revealed resident #2 was found on the floor in her room. The resident stated she , and her left side hurt around her . She was sent to the hospital by emergency services and her guardian was notified. No additional notes were found in the record. (photographic evidence obtained) | {A 025} | | |

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| {A 025} | Continued From page 6<br><br>On at 1:30PM, the assistant administrator confirmed resident #2 had a in , and went to the hospital. She stated the resident had a , and had surgery and rehab. The assistant administrator confirmed resident #2 never received , as ordered on . She stated there was a lapse in her insurance for a time. She also confirmed that once the insurance was again active, the order for , was still not completed. She confirmed there were no notes in the record documenting the lapse of insurance.<br><br>On at 3:34PM, the legal guardian for resident #2 confirmed in a phone conversation that resident #2 had a which resulted in a , and that she moved the resident to another facility following rehab. She also stated she knew an order for , was written last and confirmed the lapse in insurance. She confirmed that , was never consulted even after the insurance was reinstated.<br><br>2. Review of the record for resident #3 record revealed a facility admission date of . A current 1823, dated , included diagnoses of , and . A health care provider's order, dated , prescribed 0.1mg every 8 hours as needed if , over 150, x 30 days. Review of the , Medication.<br><br>Observation Record (MOR) showed was given by a nurse on for a , of . No time was recorded. Review of the ( , ) log for resident #3 found one entry on and at 8AM both days. No additional recordings were | {A 025} | | |

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| {A 025} | Continued From page 7<br><br>documented. Resident #3 was in the hospital from until returning to the facility on the evening of . On at 1:00PM, there were no entries documented for or . None of the days recorded had entries every 8 hours as ordered. (photographic evidence obtained)<br><br>On at 1:00PM, the assistant administrator confirmed that no entries for were recorded on the form. She offered to go take resident #3's , at that time. When asked, the assistant administrator confirmed she was not a nurse. She seemed surprised that she was not allowed to take a resident , in order to determine if medication was required. She stated nurses are on staff from 6:00AM until 6:00PM 7 days a week, but on , the nurse was ill and went home. When asked if a nurse would be present to take the , for resident #2 every 8 hours around the clock, the assistant administrator stated no, they did not have nurses around the clock. She confirmed the physician's order documented a , check to be done every 8 hours.<br><br>Class III | {A 025} | | |
| A 160 SS=D | 59A-36.015(1) FAC Records - Facility<br><br>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to | A 160 | | |

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| A 160 | Continued From page 8<br>immediately produce documents, records, or other such data, either in electronic or paper format, upon request.<br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , , ; and,<br>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .<br>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).<br>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.<br>(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.<br>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.<br>(g) The admission package presented to new or | A 160 | | |

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| A 160 | Continued From page 9<br><br>prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C.<br>(h) If the facility advertises that it provides special care for persons with 's or related . . . . . , a copy of all such facility advertisements as required by section 429.177, F.S.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.<br>(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.<br>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.<br>(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.<br>(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.<br>(n) The facility's resident elopement response policies and procedures.<br>(o) The facility's documented resident elopement response drills.<br>(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., | A 160 | | |

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| A 160 | Continued From page 10<br><br>respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on admission-discharge log review and interview, the facility failed to ensure the log of all current residents was maintained and up to date.<br><br>Findings:<br><br>Review of the admission and discharge log on [redacted] revealed an admission date for resident #2 of [redacted]. The log did not include a discharge date.<br>(photographic evidence obtained)<br><br>On [redacted] at 11:20AM, when asked to review the record for resident #2, the assistant administrator stated she would have to find it, as the resident had been discharged. The assistant administrator confirmed the admission and discharge log was not updated after resident #2 was discharged.<br><br>Class III | A 160 | | |
| CZ821 SS=C | 59A-35.110 FAC Reporting Requirements; Electronic Submission<br><br>59A-35.110 Reporting Requirements; Electronic Submission.<br>(1) During the two year licensure period, any change or expiration of any information that is required to be reported under chapter 408, part II, F.S., or authorizing statutes for the provider type as specified in section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including:<br>(a) Insurance coverage renewal; | CZ821 | | |

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| CZ821 | Continued From page 11<br><br>(b) Bond renewal;<br>(c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider;<br>(d) Annual sanitation inspections;<br>(e) Fire inspections; and,<br>(f) Approval of revisions to emergency management plans.<br><br>(2) Electronic submission of information.<br>(a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal:<br>1. Nursing homes:<br>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>2. Assisted living facilities:<br>a. Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 days after the occurrence of the incident as required in section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and availiable at: | CZ821 | | |

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| CZ821 | Continued From page 12<br><br>https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>b. Liability claim reports required pursuant to section 429.23(5), F.S., and rule 58A-5.0242, F.A.C.<br>3. Hospitals:<br>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>4. Ambulatory Surgical Centers:<br>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPo | CZ821 | | |

Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11967551 | A. BUILDING: _____ B. WING _____ | R 07/27/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAN JEAN FACILITY CARE, INC | 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 |
|---|---|---|---|---|
| CZ821 | Continued From page 13<br><br>rtal.<br>(b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission.<br>(c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to electronically submit to the agency, a preliminary adverse report within 1 business day and a full report within 15 days of an event that resulted in a [redacted] and required the transfer of 2 of 3 sampled residents from the facility to a unit providing more acute care due to the incident, as required in F.S.429.23(2)(a). (#2, #6)<br><br>Findings:<br><br>When a request to review the record for resident #2 was made on [redacted], the assistant administrator stated resident #2 was no longer living in the facility. The admission & discharge log revealed an admission date of [redacted] but did not contain a discharge date. Review of the closed record found the most recent health assessment form, dated [redacted], indicated diagnoses which included [redacted] and [redacted]. She was noted to be at risk for [redacted]. A health care provider's order, dated [redacted], indicated the resident was to have a [redacted] evaluation and treatment. Continued review of the resident's record did not reveal any documentation [redacted] was ever consulted or provided. Additionally, a note on | CZ821 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| CZ821 | Continued From page 14<br><br>[redacted] at 12:00PM revealed resident #2 was found on the floor in her room. The resident stated she [redacted], and her left side hurt around her [redacted]. She was sent to the hospital by emergency services and her guardian was notified. No additional notes were found in the record. (photographic evidence obtained)<br><br>On [redacted] at 1:30PM, the assistant administrator confirmed resident #2 had a [redacted] in [redacted] and went to the hospital. She stated the resident had a [redacted] and had surgery and rehab. She said resident #2's guardian moved her to another facility after she completed rehab. The assistant administrator confirmed she had not submitted an adverse report to the Agency because she did not know it was required.<br><br>Review of the admission & discharge log revealed resident #6 was admitted to the facility on [redacted] and had a discharge date of [redacted] to a nursing home. Review of the closed record for resident #6 revealed the most recent health assessment, dated [redacted], indicated diagnoses which included [redacted]. Additional diagnoses in his record include [redacted] and Major [redacted] with behavioral disturbances. Continued reviewed revealed a facility note dated [redacted] that documented resident #6 "lost his balance and landed on his left side. He complained of [redacted] (9 out of 10) in his left [redacted] and [redacted]." Documentation included he was sent to the hospital. No additional information was available in the record. (photographic evidence obtained)<br><br>On [redacted] at 1:30PM, the assistant administrator confirmed resident #6 had a [redacted] in [redacted] and went to the hospital. She stated the resident had a [redacted] and had surgery. She | CZ821 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| CZ821 | Continued From page 15<br><br>said resident #6 was discharged from the hospital to a nursing home. The assistant administrator confirmed she had not submitted an adverse report to the Agency because she did not know it was required.<br><br>Unclassified | CZ821 | | |