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 _____	12/01/2021

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
A 000	Initial Comments A Complaint Investigation #2021015669 was conducted at San Jean Facility Care, Inc. Assisted Living with Limited Mental Health (LMH) on . . . . . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall 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 must notify the resident's representative or designee of the need for health care services and must assist in making . . . . . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (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. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (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. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as 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. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to maintain written records with updates and changes for 3 of 4 sampled residents (#1, #2 and #4) as required. Findings: 1. Resident #1's record review revealed admission date of [redacted] and discharged on [redacted]. There were no facility admission notes documenting some additional needs. An 1823 Health Assessment dated [redacted] indicated medical conditions of [redacted] lower extremity [redacted] risk	A 025		

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A 025	Continued From page 2 and . . . . . He needs assistance with Activities of Daily Living (ADLs) in ambulation, bathing, ... , toileting and transferring. Independent with eating and self-care grooming. He was able to self-administer his own medications. (Photographic Evidence Obtained) On at 1:55 PM, the Assistant Administrator stated that resident #1 often had aggressive behaviors observed and confirmed that these incidents were not documented. 2. Resident #2's record review revealed admission date and he wrote a letter that he was leaving the facility on . . . . . There was no facility documentation of reason why he left. The last facility notes in the record dated (last year) that he requested extended leave for the holidays. (Photographic Evidence Obtained) On . . . . . at 2:25 PM, an interview with the Assisted Living Facility Manager confirmed the finding. 3. Resident #4's record review revealed admission date , Facility notes dated . . . . . at 12:54 PM documented that resident #4 complained of , in private area and asked to call 911. He was taken to hospital and daughter and physician notified. He returned same day at 6:10 PM. Hospital documentation indicated he had an on right side without obstruction/. . . . (lump on , . . region) and to follow up with doctor for outpatient surgery one week of	A 025		

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A 025	Continued From page 3 There were no further notes that he was scheduled an , , for the follow up requested. On at 2:55 PM, an interview with the Assisted Living Facility Manager confirmed the finding. Class III	A 025		