

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967551</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>04/29/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAN JEAN FACILITY CARE, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>815 24TH STREET</b><br><b>ORLANDO, FL 32805</b>                              |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                    |
| CZ841<br>SS=D                                                          | <p>408.823( ) FS In-person Visitation</p> <p>(1) This section applies to _____ centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part _____ of chapter 400, intermediate care facilities for the _____ licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429.</p> <p>(2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include _____ control and education policies for visitors; screening, personal protective equipment, and other _____ control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any _____ or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor.</p> <p>(b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and</p> | CZ841                                                                          |                                                                                                                          |                          |                                                                    |

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

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| CZ841                                                                  | Continued From page 1<br><br>providers may not require an essential caregiver to provide such care.<br>(c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:<br>1. End-of-life situations.<br>2. A resident, client, or patient who was living with family before being admitted to the provider 's care is struggling with the change in environment and lack of in-person family support.<br>3. The resident, client, or patient is making one or more major medical decisions.<br>4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently .<br>5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.<br>6. A resident, client, or patient who used to talk and interact with others is seldom speaking.<br>7. For hospitals, childbirth, including labor and delivery.<br>8. patients.<br>(d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures.<br>(e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request.<br>(f) Within 24 hours after establishing the policies and procedures required under this section, | CZ841                                                                                       |                                                                                                                          |  |                                                                    |

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| CZ841                                                                  | <p>Continued From page 2</p> <p>providers must make such policies and procedures easily accessible from the homepage of their websites.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on visitation policy review and interview, the facility failed to ensure its policy included the designation of a person responsible for ensuring that staff adhere to the policies and procedures.</p> <p>Findings:</p> <p>Review of the facility's visitation policy revealed it did not include designation of a person responsible for ensuring that staff adhere to the policies and procedures.</p> <p>On at 12:25 PM, both the administrator and the facility manager confirmed the findings and said they were both responsible for ensuring that staff adhere to the policies and procedures.</p> <p>Class III</p> | CZ841                                                                                       |                                                                                                                          |  |                                                                    |
| A 000                                                                  | <p>Initial Comments</p> <p>A complaint investigation (2025005284) and a generator monitoring were conducted at San Jean Facility Care on . The facility had a deficiency at the time of the survey.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A 000                                                                                       |                                                                                                                          |  |                                                                    |