STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965038	07/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Juan Retirement Home	6561 San Juan Ave. Jacksonville, FL 32210	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-07/03/2013
0167-Resident Contracts-07/03/2013

Revisit New Tags:
Z827-Unlicensed Activity-408.812, Fs

Specific Tag Findings:

0000-Initial Comments

An unannounced revisit to the biennial licensure survey was conducted on 3, 2013. San Juan Retirement Home was found to have deficient practice related to unlicensed activity at a secondary location.

Z827-Unlicensed Activity 408.812, FS
Based on observations, resident interviews, interviews with staff and the administrator, and record reviews, the facility failed to obtain a license to provide assisted living services to two of three residents (#2 and #3) living at 6524 San Juan Avenue, Jacksonville, Florida 32210.

The findings include:

On at 11:15 am, Resident #1, a female, was seen leaving the building located at 6524 San Juan Avenue, Jacksonville, Florida 32210, and getting into a car with two males. Resident #2 was seen leaving the same building and going across the street to a licensed assisted living facility (San Juan Retirement Home). This male resident was well-dressed, neat in appearance, and walked with a cane.

Upon entrance to the unlicensed facility, Resident #3 was found in a parallel to the front door and across the living area. Interview with Resident #3 on at 11:20 am revealed that this facility was owned and operated by the Administrator of San Juan Retirement Home (Employee A) and was an assisted living facility. This was a female resident who was well-dressed, neat in appearance, pleasant, but gave the impression of having some

At approximately 11:45 am on Resident #2 was observed eating lunch at the licensed assisted living facility. Interview with Resident #2 at that time revealed that he lived across the street, and had been there for over 6 months, but could not clearly state how long. When asked if he received all his meals at San Juan Retirement, he stated yes. He also stated that he came over to receive his medications at the licensed assisted living facility (ALF). He expressed dissatisfaction with how much money he was paying. He felt that the owner was taking more money from him than the contract required. When asked if he received any assistance from the caregivers that lived in the home with him, he stated that they did not provide any assistance at the address where he lived. He stated that he was independent, and just required reminders to take his medications and have someone provide his food.

The owner of the facility, Employee A, was also the owner of a licensed assisted living facility, San Juan Retirement Home at 6561 San Juan Avenue, Jacksonville, Florida 32210. The owner confirmed in an interview

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on , 2013, at 1:30 pm that Residents #2 and #3 were provided three meals a day and medication assistance at the licensed facility. She stated that Resident #1 cooked for herself in the unlicensed facility and took care of herself. Laundry service was provided by the licensed facility for all three residents. She stated in an interview on , 2013 at 2:30 pm, that she has had residents living in the (unlicensed) facility since of 2012.

Phone interview with Resident #1 on at 5:45 pm revealed that she had signed a contract and that the facility would provide food to her at the unlicensed facility that she would cook. She said that she was on and required a special diet to ensure appropriate absorption. The facility was not providing appropriate food to meet her dietary needs. She stated the staff living in the unit did not provide any services to her in the facility. She noted that the residents were having their laundry picked up once per week and now they were required to bring their laundry to San Juan Retirement Home after 6:00 pm on Friday. She stated that she was unable to walk long distances and was not able to accomplish that. The stove was not working and she only had a microwave for cooking. She also took care of her own medications.

Interview with the guardian of Resident #3 on , 2013 at 6:45 pm revealed that she had agreed to allow the resident to live at the facility (6524 San Juan Avenue) based on assisted living services being provided to the resident. She was not aware that the food and medications were being provided at San Juan Retirement Home.

Interview with Employee C on , 2013 at 4:30 pm revealed that he lived at the unlicensed location, but did not provide any services there.

Interview with Employee F at 2:15 pm revealed that he lived at the unlicensed location, but did not provide any services at the facility.

A review of resident contracts (#1, #2, and #3) revealed that each read that this was an independent facility and would provide no services to the residents; however, Residents #2 and #3 were receiving food and medication assistance at the San Juan Retirement Home.

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
San Juan Retirement Home
6561 San Juan Avenue
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiency identified during the revisit.

The deficiency should be corrected no later than .2013.

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 (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/KW/sm
Enclosure

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