STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967551	07/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Jean Facility Care, Inc	815 24th Street Orlando, FL 32805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures
0078-Staffing Standards - Staff-07
0079-Staffing Standards - Levels-07
0082-Training -
0163-Records - Resident, Penalties For Alteration-(
0165-Risk Mgmt & Qa; Adverse Incident Report-07
0167-Resident Contracts-(
Z815-Background Screening; Prohibited Offenses-(

Revisit Repeat Tags:
0025-Resident Care - Supervision-58a-5.0182(1) Fac
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac

Revisit New Tags:
0090-Training - -5.0191(11) Fac

Specific Tag Findings:

0000-Initial Comments
an unannounced revisit to the Assisted Living Facility relicensure survey was conducted. San Jean Facility Care, Inc. had deficiencies found during the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Revisit to re-licensure survey was conducted. Deficiency A- 0052 remained uncorrected.

Based on observations the facility failed to ensure the unlicensed staff that assisted with self-administration of medications followed the correct procedure and did not sign the medication observation record (MOR) after 6 of 6 sampled residents were assisted with their medications.

Findings:

At approximately 11:30 AM unlicensed staff D, washed her hands, called the resident to where she was passing medications, obtained the medication from its secure medication cart, reviewed the MOR, placed the resident's pills in a cup, read label out loud, gave medication to resident, observed the resident take the medication and secure the medications in the medication cart. She went and washed her hands and proceeded with the next resident. She assisted 6 residents in the same manner. She did not sign the MOR after she observed each resident take their medications.

She stated about 1 PM that she would sign the MOR later and added she was nervous.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967551	07/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Jean Facility Care, Inc	815 24th Street Orlando, FL 32805	

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

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Revisit to re-licensure survey was conducted. Deficiency A-0081 remained uncorrected.

Based on personnel record review and interview the facility failed to ensure 1 of 5 sampled staff (E) received an in-service training regarding elopement and emergency procedures

Findings:

Personnel record review at approximately 1:30 PM revealed staff E was hired in . Continued review revealed no evidence to confirm she received an in-service training regarding the facility's elopement policies and procedures; the facility's emergency procedures including chain-of-command and staff roles relating to emergency

The nurse stated at the time that she trained the staff, but elopement and emergency procedures was to be done by the administrator since policies differed from facility to facility. They both thought the training was done. They searched but were unable to produce evidence of training.

Class III

0090-Training - 58A-5.0191(11) FAC
Revisit to re-licensure survey was conducted. Deficiency A-0900 was cited.

Based on personnel record review and interview, the facility failed to ensure that 1 of 5sampled staff (E) received at least a one hour in-service training regarding the facility's policy and procedures regarding within 30 days after employment.

Findings:

Individual personnel record review at approximately 1:30 PM revealed staff E was hired in . Continued review revealed no evidence to confirm that staff E received an in-service training within 30 days of employment regarding the facility's policies and procedures.

The nurse stated at the time that she trained the staff but was to be done by the administrator since policies differed from facility to facility. They both thought the training was done. They searched but were unable to produce evidence of training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
San Jean Facility Care, Inc
815 24th Street
Orlando, FL 32805

RE: Revisit to CHOW w/LMH & LNS

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on
16, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

YOSF

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