

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967551	(X3) DATE SURVEY COMPLETED 11/22/2013
NAME OF PROVIDER OR SUPPLIER San Jean Facility Care, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 815 24th Street Orlando, FL 32805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= B
 St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
 St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures
 S-S= D
 St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
 St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= B

Specific Tag Findings:

0000-Initial Comments

Complaint Inspection #2013010872 was conducted on 11/22/2013

The complaint was not substantiated, but San Jean Facility Care Inc Assisted Living Facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview the facility failed to obtain a Completed Resident Health Assessment (AHCA form 1823) after a significant change for 1 of 16 sampled residents (#3).

Findings:

Record review for resident #3 revealed there were only 3 pages of a Resident Health 1823 form that included a hospital's sticker that noted she was admitted into the hospital on 11/22/2013.

The discharge assessment dated 11/22/2013 noted diagnosis-Visit Reason: "R/O ACS".

The 1823 noted Chest pains see H and P for diagnosis. The 1823 that was in the record was not complete and also did not include the page for the health care provider's signature and information.

The administrator reviewed the 1823 and stated on 11/22/2013 at approximately 3 PM that the hospital sent the forms to him and he did not know the 1823 was incomplete.

Class

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0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the facility failed to maintain a written record of significant changes, illnesses which resulted in hospital admissions and that the health care provider was notified for 1 of 16 sampled residents (#3).

Findings:

Record review for resident #3 revealed a Resident Health Assessment form 1823 dated [redacted] noted left hip surgery, [redacted] with [redacted]. Physical or sensory limitations noted non-weight bearing on left hip for 6 weeks. The 1823 noted she required assistance with ambulation, bathing, supervision with dressing, toileting and transferring, independent with eating and [redacted].

Facility notes documented:

[redacted] at 7:05 AM "Resident #3 (name listed) has been complaining about her left leg and she said she can't work (sic) and she want to go to hospital and I call Paramedics and she went to ORMC at 7:35 AM".

#3 (name mentioned) return from hospital she coming with a wheel chair and she need help with ADLs."

Further record review revealed 3 pages of an 1823 that included a hospital's sticker that noted resident #3 was admitted into the hospital on [redacted] there was also discharge paper work that noted she was discharged on [redacted].

Continued record review revealed a resident observation log that noted on [redacted] the resident [redacted] at 8:45 PM, 911 was called and she was sent to the hospital.

There was no documentation in her chart to note what had occurred requiring her to be transported to the hospital on [redacted]. The record was not updated as required. There was no documentation to confirm that the resident's health care provider and family members were contacted when she was sent to the hospital on [redacted] and [redacted] and [redacted].

The administrator stated on [redacted] at approximately 1:30 PM that the resident had chest pains on [redacted] and was sent to the hospital. He confirmed that there were no facility notes for those hospital admissions and that there was no documentation that the health care provider was contacted. He explained there was no telephone number for a family member.

Class III

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0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interviews the facility failed to provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication for 2 of 16 sampled residents (#9 & #10).

Findings:

1. Resident #10, who lived in the main house, stated at approximately 2:30 PM that the phone was kept in the kitchen, inside a cabinet. So when you needed the phone you either had to wait for the staff to come back to the kitchen or if they were in the kitchen then they would give you the phone.

Observations at approximately 2:30 PM noted the kitchen was locked and the doors were closed. There was no answer to the knocks.

2. Resident # 9 who lived in house 2 stated at approximately 2:40 PM that there was a phone kept behind the television, the other was kept in the kitchen, in a cabinet. Observations at the time noted there was a cordless phones the common area behind the TV, unless someone was aware of the phone's location, they would not find it.

At approximately 2:45 PM the owner answered the door to the kitchen. She stated the cordless phone was kept inside the kitchen cabinet. If the residents wanted the phone, they came and asked for it. When the kitchen was closed she said at times, the staff had the phone in their pockets. Observations at the time noted there was a cordless phone inside a pantry cabinet; the cabinet's door was closed.

The administrator stated at approximately 3:15 PM that the telephone was available but it was kept in the kitchen, as too many times the phone would be misplaced and they would not be able to locate it.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on review of staff schedules and interview the facility, licensed for more than 17 residents, failed to maintain time sheets for all staff.

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Findings:

Review of the staff schedule on at approximately 10:30 AM revealed that it noted both the administrator and the assistant administrator were listed as working on . The administrator worked 7 AM-7 PM and the assistant administrator worked from 7 AM-5 PM. Resident #3 and later became sometime around 8:30-9 PM on according to the facility's note. The administrator and the assistant administrator both stated on at approximately 11:45 AM they were there at the facility during that time, but were not reflected on the staff schedule.

The administrator/owner was asked to provide the time sheets for the staff and he stated he was not aware that time sheets were required.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on staff schedule review and interview the facility failed maintain a written work schedule which accurately reflected the facility's 24 hour staffing pattern for a given time period.

Findings:

Review of the staff schedule for revealed that there was only 1 staff scheduled to work from 7PM-9PM. Resident #3 and later became sometime around 8:30-9 PM on . The assistant administrator stated on at approximately 11:45 AM that she and the administrator were both present and working. The staff that was scheduled left early because he did not have a lunch break. The time that the staff worked and the time that the administrator and the assistant administrator worked on was not reflected on the schedule.

The administrator stated that he was at the facility at times other than what was on the schedule and was not aware it had to be reflected on the schedule. The administrator was informed that if he is working with the residents and providing care it needed to be reflected on the schedule.

Class III

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/25/2013
FORM APPROVED

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0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interviews the facility failed to ensure that all appurtenances (accessories) were maintained in good working order for 2 of 16 sampled residents (#9 & 10).

Findings:

Observations at approximately 9:45 AM noted [redacted] had window blinds that were broken. Observations at approximately 2:40 PM noted the [redacted] resident #9 had window blinds that were broken as well.

Resident #10 stated at approximately 2:30 PM she would like the blinds in her [redacted] if possible.

Resident #9 stated at approximately 2:40 PM that he would like the window blinds in his [redacted] or replaced.

The administrator stated at approximately 3:15 PM he was aware that some blinds were broken, they were constantly repaired and the residents continue to break them

Class [redacted]



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

Re: CCR #2013010872

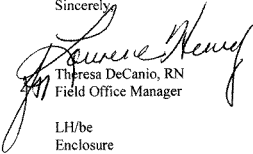
This letter reports the findings of a state licensure survey that was conducted on , 2013, through , 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013, to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 .

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

