

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/28/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967551	(X3) DATE SURVEY COMPLETED 01/13/2014
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)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-01/13/2014
 0025-Resident Care - Supervision-01/13/2014
 0030-Resident Care - Rights & Facility Procedures-01/13/2014
 0078-Staffing Standards - Staff-01/13/2014
 0079-Staffing Standards - Levels-01/13/2014
 0152-Physical Plant - Safe Living Environ/other-01/13/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced revisit survey was conducted at San Jean Facility Care, Inc. on 01/13/2014.
 No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 28, 2014

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

RE: Revisit to CCR#2013010872

Dear Administrator:

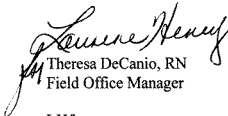
This letter reports the findings of a state licensure survey revisit conducted on January 13, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

