STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967551	06/05/2014
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)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

(If revisit, delete corrected tags/text)
Specific Tag Findings:

0000-Initial Comments
Limited Nursing Services monitoring was conducted on . . . . . San Jean Facility had a deficiency found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 3 sampled staff (C) had a healthcare provider statement that indicated freedom from communicable . . . . . including . . . . . and that freedom from . . . was documented yearly.

Findings:

Personnel record review on . . . . . at approximately 2 PM for staff D, hired by contract on 2012 revealed no evidence to confirm she was free from communicable . . . . including . . . . . upon hire and that freedom from . . . was documented yearly.

In a telephone interview with the staff D on . . . . . at approximately 2:30 PM, who stated she did not have a . . . test and thought she had an old freedom from communicable statement from

An opportunity was given to the administrator to obtain the documentation for staff D.

An electronic mail (e-mail) was received on . . . . . at 7:40 AM but a healthcare provider statement for staff D was not found.

A telephone call was placed to the administrator on . . . . . at approximately 4:15 PM to inform him the healthcare provider statement for staff D was not found as an attachment in the e mail. He stated he would call the staff and submit the information or otherwise call again.

An email or a phone call was not received by close of business on . . . . . .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com