STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967551	09/29/2014
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 - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:
0000-Initial Comments
The re-licensure survey with Limited Mental Health (LMH) and Limited Nursing Services (LNS was conducted on San Jean Facility Care Inc. had deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observations and interviews the facility failed to ensure that residents were provided an activity program that was diversified individualized and group activities kept with each resident's needs, abilities, and interests; least 6 days a week for a total of not less than 12 hours per week.

Findings:

Observations noted the activities calendar posted by the living | the following activities for Monday : 9-9:30 AM stretching and light exercises, 1-1:30 PM reading, 4-5 PM board games/Bingo and 6-6:30 PM trivia memory game.

In an interview with resident #1 on at approximately 9:45 "We don't do much we play Bingo once in a while."

In an interview with resident #3 on at approximately 10 AM, who stated "No there is nothing to do. I want to go to the library and church."

In an interview with resident #4 on at approximately 11:15 AM, who stated "We play Bingo once in a while."

In an interview with resident #5 on at approximately 10:30 AM, who stated "No we don't do much. We play Bingo/watch TV and smoke. They take you to the bank and the store."

Observations at approximately 1 PM and 4 PM noted no activities were being done. Some residents sat outside, others were in their and others sat in common areas.

In an interview on at approximately 4 PM with the administrator, who stated the facility

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did offer activities and some residents did not participate.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interviews the facility failed to obtain a physician's order for 1 of 2 sampled residents (#2) who needed assistance with the self administration, to self- administer her .....

Findings:

During a staff interview on ..... approximately 11 AM revealed staff were assisting resident #2 with her medications, except for her ..... She was injecting herself.

During an interview with resident #2 on ..... at 10 AM, she stated the staff was assisting her with her medications and she did her own ..... injections and ..... sugar checks.

Record review for resident #2 revealed a Resident Health Assessment Form (1823) that was dated ..... and was signed by the health care provider that noted she had diagnoses of ..... Dependent, Chronic Kidney ..... Hearing Loss, ... and legally ..... Further review of the 1823 revealed it noted "Needs assistance-due to limited vision assistance needed for self-glucose monitoring, assist in ..... administration injections for accuracy." and "Medication Administration-Patient is ....., Prepare and remind."

During an interview with the administrator on ..... at approximately 2 PM, he stated the resident could do her own ..... and he was not aware that the 1823 noted she required assistance.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on personnel record review and interview the facility failed to ensure that 4 of 4 sampled staff (A, B, C & D) received a minimum of 3 hours of Limited Mental Health (LMH) continuing education biennially.

Findings:

Individual personnel record review on ..... at approximately 2 PM for sampled staff A and C revealed they were caregivers and therefore had direct contact with the facility residents.

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Continued review revealed the staff received the initial LMH training on . . . Further review revealed no evidence to confirm the staff received 3 hours of continuing education in topics related to mental health every 2 years thereafter.

Personnel record review for staff B revealed the last LMH training that he received was on . . . . The LMH training for staff D was conducted on . . . .

Further personnel record review revealed that there was no documentation to confirm the staff had obtained a minimum of 3 hours of Limited Mental Health (LMH) continuing education biennially as required.

During an interview with staff B (the administrator) on . . . . at approximately 2 PM, he stated he was not aware that the staff was to receive the additional 3 hours of LMH continuing education biennially.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: Biennial with LNS & LMH

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

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