STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967551	11/21/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Complaint Investigation #2016010110 was conducted on / / . San Jean Facility Care, Inc. (License# 11563) with Limited Mental Health (LMH) had deficiencies at the time of the visit.

0055 Medication - Storage and Disposal

Based on observation, record review, and interview the facility failed to ensure unsecured prescription medication was kept in a locked cabinet, locked medication cart, or other locked storage receptacle, , or a secured area at all times for 1 of 6 sampled residents (#3).

Findings:

Observation on / / at 10 AM, in Building 2, (resident #3) revealed three (3) bottles of prescription medication stored on the window seal, in clear sight for anyone to get a hold of them. The medications were as follows:

1. / tablets, prescription number #17398416, order date written on /

2. 80mg tablets, prescription number #17398417, order date written on /

3. 600mg/Vitamin D 400 unit tablets, prescription number #17398414, order date written on .

Review of resident 3's record revealed an AHCA Form 1823 Health Assessment dated that documented the resident need assistance with self-administration of medications.

During an interview with resident #3 on / / at 10 AM, who stated she keep her medications in her the facility staff will not give them to her on time. The resident feels she can take her own medications.

On / / at 2 PM, an interview with the Administrator who stated that he was not aware that there were any medications in resident #3's .

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: CCR #2016010110

Dear Administrator:

This letter reports the findings of a state licensure complaint invetigation survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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