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 #2016011609 was conducted on 11/21/2016. San Jean Facility Care, Inc. (License #11563) with Limited Mental Health (LMH) had deficiencies at the time of the visit.

0093 Food Service - Dietary Standards

Based on observation, review of the current approved meal menu, and interview; the facility failed to follow the approved posted menu by the registered dietician for date & week in use; also the facility failed to document substitution for the breakfast meal.

Findings:

On / / at 8:30 AM, an observation on the chalkboard menu on the wall of the dining Breakfast menu was a bagel with peanut butter, coffee, and orange juice.

On / / at 8:40 AM, review of the approved menu by the registered dietician documents the breakfast was to consist of 3/4 cup dry cereal or 1/2 cup of hot cereal, 1 slice of toast (bread), 8 oz. milk or beverage of choice (coffee, tea, water, or juice). Furthermore, the menu was not dated for the week in use and no documentation of the meal substitution.

On / / at 9 AM, an interview with the Assisted Living Facility (ALF) supervisor confirmed that she had not got a chance to write in the substitution for breakfast on the menu and did not write in the dates for the week in use. During the interview the supervisor was asked why the breakfast meal & menu was not followed. The supervisor stated the staff overlooked the menu and used the wrong menu.

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 #2016011609

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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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