

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967551	(X3) DATE SURVEY COMPLETED 07/03/2017
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 #2017003114 was conducted on 7/3/2017. San Jean Facility Care Inc. Assisted Living, License #11563 had no deficiencies at the time of the visit.