

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967551	(X3) DATE SURVEY COMPLETED 02/14/2018
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 #2018000634 was conducted on San Jean Facility Care, Inc. (License #11563) had a deficiency at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on observation and interview, the facility failed to have documentation of the facility's Comprehensive Emergency Management Plan (CEMP) approval letter as required annually by the local emergency management agency. Findings: Observation on at 1:45 PM revealed a CEMP approval letter dated from Orange County Emergency Management office. There was no other documentation provided by the administrator. On at 1:45 PM, an interview with the Administrator who confirmed the finding. Class III		