STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967551	**06/22/2018**
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 #2018002854 was conducted on . . . . . , ... and . . . . . . San Jean Facility Care, Inc. Assisted Living with Limited Mental Health (LMH), License# 11563 had deficiencies at the time of the visit.

0011 - Admissions - Discharge - 58A-5.0181(5) FAC

Based on the facility's 45-day discharge notice, record review and interview, the facility failed to discharge 1 of 5 sampled residents (#5) appropriately as required.

Findings:

Resident #5's record review revealed admission date , issued a 45-day discharge notice on . . . . . with #5's 45th day being . . . . .

Documentation in the record dated , resident #5 had documented incidents of behavior since being admitted into the facility, resulting finally being by local Law Enforcement to the hospital for treatment on . . . . . During this time, the facility was still responsible for the resident while at the hospital. The facility issued a 45-day notice while the resident was still in the hospital receiving treatment.

On . . . . . at 11:15 AM, a telephone exit interview with Administrator who confirmed the finding and stated he understood.

Class III