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 #2018002582 was conducted on . . . . . , ... & . . . . . San Jean Facility Care, Inc. Assisted Living with Limited Mental Health (LMH), License #11563 had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to have a completed and accurate AHCA form 1823 Health Assessment from the healthcare provider as required for 1 of 5 sampled (#2).

Findings:

Resident #2's record review revealed an incomplete 1823 Health Assessment dated 11/ . The assessment was missing the medical history and diagnosis information on page 1 and page 4 was missing the physician contact information.

On at 3 PM, an interview with the assistant to the Administrator who confirmed the finding.

Class III