

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967551	(X3) DATE SURVEY COMPLETED R 09/04/2018
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 revisit to complaint investigation #2018002854 was conducted on 9/4/18. San Jean Facility Care, Inc. had no deficiencies at the time of the visit.