

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968343	(X3) DATE SURVEY COMPLETED R 11/20/2018
NAME OF PROVIDER OR SUPPLIER MJ PAVILLION INC	STREET ADDRESS, CITY, STATE, ZIP CODE 728 SOUTH ENDEAVOR DR WINTER SPRINGS, FL 32708	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A second revisit to the re-licensure survey was conducted on , , , , M J Pavillion Inc., license #12252, had a deficiency at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

REMAINED UNCORRECTED

Based on facility record review and interview, the facility failed to maintain a satisfactory fire inspection.

Findings:

Review of the facility's annual fire inspection, dated , revealed it contained violations.

On at 12:15 p.m. the administrator was unable to provide a satisfactory inspection and said the violations could not be corrected because the facility was waiting on additional work to be done that was out of the facility's control.

Class III