STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	08/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Peterson Assisted Living Facil	1622 Silver Street Jacksonville, FL 32209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2014007250, was conducted on , 2014. Peterson Assisted Living had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
ST - 0025: Based on record review and staff interview the facility failed to have an awareness of the general health for 1 of 4 residents reviewed. (Resident #1)

The findings include:

A review of the record for Resident #1 revealed an admission date of The Resident Health Assessment (1823) dated states the resident requires supervision with bathing. The facility indicates supervision with bathing will be provided as stated on the 1823. This is signed by the resident and the administrator.

During an interview with Caregiver " A " on at 9:35 AM he said he assisted Resident #1 with personal care including bathing. He stated he was not seen changes in the resident ' s skin and was not aware of a pressure

During an interview with the Administrator on at 10:30 AM she said Resident #1 was sent to the emergency (ER) because he became very weak and ill and was having She was not aware the resident had a pressure

A review of the Emergency reveals Resident #1 was admitted on at 8:15 PM with " a large open on sacrum extending to "

The facility did not maintain a written record of any significant changes which resulted in a need for medical attention. Significant change is defined as deterioration in health status such as development of a , 3, or 4 pressure

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Peterson Assisted Living Facility
1622 Silver Street
Jacksonville, FL 32209

RE: CCR #2014007250

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com