STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	12/02/2015
NAME OF PROVIDER OR SUPPLIER **PETERSON ASSISTED LIVING FACIL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1622 SILVER STREET JACKSONVILLE, FL 32209**	

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

0000 Initial Comments

On , 2015 a biennial relicensure survey with Limited Mental Health was conducted at Peterson Assisted Living Facility. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on record review and staff interview, the facility failed to update Resident #2's Health Assessment (1823) every three years.

The findings include:

Review of Resident #2's Health Assessment(1823) was conducted on . Resident #2's health assessment was completed on .

Interview was conducted with Employee D at 11:30 pm on . Employee D stated that resident # 2's 1823 was completed on . Employee D stated that she did not have a more current 1823 for resident #2 but will get one.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employees had a freedom from communicable statement, within 30 days of hire. (Employee B)

The findings include:

A review of Employee B's personnel file revealed a hire date of / . There was no documentation in Employee B's file that she was free from communicable .

In an interview with Employee D on at 11:40 AM, she confirmed the missing statement from Employee B's file.

Class III

0081 Training - Staff In-Service

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	**12/02/2015**
NAME OF PROVIDER OR SUPPLIER **PETERSON ASSISTED LIVING FACIL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1622 SILVER STREET JACKSONVILLE, FL 32209**	

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

Based on Record Review and Interview, the facility failed to provide 3 out of 3 employees (A, B, C) with the required in-service trainings within 30 days of employment.

The findings include:

Review of Employee A (Date of hire: /), Employee B (Date of hire: /) and Employee C's (Date of hire:) training file was conducted on . There was no documentation of training in elopement & Nutrition and Safe Food Handling in Employee A's file. There was no documentation of training in control, activities of daily living (ADL's) and behavioral needs, emergency preparedness and evacuation, elopement response, resident rights, and recognizing and reporting in Employee B's file. There was no evidence of elopement training in Employee C's file.

Interview was conducted with Employee D at 11:40 am on . Employee D stated that she cannot find the control, Activities of Daily Living (ADL's) and Behavioral needs, Emergency Preparedness and Evacuation, Elopement response, Resident Rights, and Recognizing and Reporting Trainings for Employee B. Employee D stated that she could not find the Elopement, Nutrition and Safe food handing continuing education training for Employee A. Employee D also stated that she could not find the Elopement training in Employee C file.

Class III

0090 Training -

Based on Record Review and Interview, the facility failed to provide 2 out of 3 employees (B and C) with traning in ( ).

The findings include:

A review of Employee B (Date of Hire: /) and Employee C's (Hire Date:) training file was conducted on . There was no evidence of completion of ( ) training in Employee B and C's file.

Interview was conducted with Employee D at 12:00 pm on . Employee D stated that she cannot find the ( ) trainings for Employee B and C.

Class III

L243 LMH - Training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	12/02/2015
NAME OF PROVIDER OR SUPPLIER **PETERSON ASSISTED LIVING FACIL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1622 SILVER STREET** **JACKSONVILLE, FL 32209**	

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

Based on Record Review and Interview, the facility failed to provide 2 out of 3 employees (A and C) with initial and continuing edcuation training in topics relating to mental health.

The findings include:

A review of Employee A (Hire Date: _ _/_ _) and Employee C's (Hire Date:) training file was conducted on . Employee A did not have the three additional hours of continuing education for Limited Mental Health (LMH) training. Employee C's file did not contain any LMH training.

Interview was conducted with Employee D at 12:15 pm on . Employee D stated that she cannot find the LMH continuing education training for Employee A and reported that Employee C did not have the LMH Training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

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

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on [redacted], 2015 by representatives 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 11, 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at [redacted]-4201.

Sincerely,

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

JD/JM/sm
Enclosure
XG90

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