STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	**01/09/2018**
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 , , 2018 an unannounced biennial re-licensure survey with Limited Mental Health was conducted at Peterson Assisted Living Facility (License #8638). Deficient Practice was identified during the survey.

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and staff interview the facility failed to provide evidence of the required biennial 3 hours of continuing education for limited mental health training for 2 of 3 employee files reviewed (Employees A, B).

The Findings Include:

A review of the personnel file for Employee A with a hire date of revealed no evidence the required biennial 3 hours of continuing education for limited mental health training was completed.

A review of the personnel file for Employee B with a hire date of revealed no evidence the required biennial 3 hours of continuing education for limited mental health training was completed.

During an interview with the Administrator on at 2:00 PM she acknowledged the file of Employees A & B did not contain the required biennial 3 hours of continuing education for limited mental health training and stated they would get the training soon.

Class III