STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	R **02/14/2018**
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

The deficiency was found corrected at the time of the desk review.