STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968710	**09/24/2018**
NAME OF PROVIDER OR SUPPLIER **PEACHES-NA-BASKET**	STREET ADDRESS, CITY, STATE, ZIP CODE **2017 SOUTEL DRIVE** **JACKSONVILLE, FL 32208**	

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

0000 - Initial Comments

On , an emergency power plan monitoring survey was conducted at Peaches-Na-Basket assisted living facility. Deficient practice was identified during the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and staff interview the facility failed to install a functioning monoxide alarm.

The findings include:

During an Emergency Power Plan monitoring survey on observations were made during the tour. No monoxide alarm was observed.

During an interview with the administrator on at 10:35 AM, she stated she did not know she needed one.

Class III