STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	**04/30/2019**
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 . . . . . a monitoring visit was conducted at Peterson Assisted Living Facility located at 1622 Silver Street, Jacksonville,FL 32220. At the time of the survey deficient practice was found.

Z827 - Unlicensed Activity - 408.812 FS

Based on observation, interview and record review, Peterson Assisted Living Facility (ALF) failed to appropriately discharge 2 of 2 sampled residents (Resident #1 and Resident #2) to a licensed location. In addition, the Administrator was aware the Residents were residing in a facility that was being operated and failed to report the unlicensed facility. Failure to maintain residents in a licensed location can placed the residents at risk of harm, including and neglect.

Findings Include:

During an unlicensed activity complaint (2019004050) investigation conducted on at 5124 Paris Ave, Jacksonville, Florida 32209 Resident #1 and Resident #2 were observed at the undefined facility. In an interview conducted with Residents #1 and #2 both indicated they previously resided at Peterson ALF a licensed facility.

On . . . . . at 9:50 am, an interview was conducted with Resident #1. Resident # 1 stated that she has been residing at the unlicensed location for 7 months.

On at 9:55 am, an interview was conducted with Resident #2. Resident #2 stated that she has lived at the unlicensed facility since . . . . . She stated that she previously resided at Peterson's ALF, which is a licensed facility. Resident #2 stated that her current residence is affiliated with Peterson's ALF.

On . . . . . , a review of the facility admission and discharge logs was conducted. The admission and discharge log revealed that Resident #1 was admitted into the facility on . There was no discharge date listed on the log. (See photographic evidence)

On . . . . . , a review of facility admission and discharge logs was conducted. The admission and discharge log revealed that Resident #2 was admitted into the facility on . There was no discharge date listed on the log. (See photographic evidence)

On . . . . . , 11:40am an interview was conducted with the Administrator. She admitted that Resident

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#1 and #2 resided at the facility. The Administrator stated that Resident #1 and #2 chose to move to the unlicensed facility because they liked it better. In addition, the Administrator confirmed that the person operating the unlicensed facility is her son.

On at 12:00pm an exit interview was conducted with the Administrator. During the interview, the administrator stated that she owned the building where the unlicensed ALF was operated by her son. In addition, the Administrator confirmed renting the building to her son.

Unclassified