STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	**05/31/2019**
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 [redacted] a complaint survey (2019000270) and emergency power plan monitoring was conducted at Peterson Assisted Living Facility. Deficient practice was found during the survey.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility failed to ensure that 1 of 3 staff members had the required training in assisting the Residents with self-administration of medications.

The findings include:

A review of the Administrator's employment file revealed a certificate of completing 2 hours of assistance with self- administration of medication. This certificate was dated .

On at 1:00pm, an interview was conducted with Staff A. Staff A stated that the Administrator does all of the med-pass.

On [redacted] at 1:00pm, an interview was conducted with the Administrator. The Administrator confirmed being the only staff member that assisted the residents with taking their medication. In addition, the Administrator stated that she thought she had taken annual up-dated training. The Administrator was given until the close of business to provide the documentation. The Administrator did not provide evidence of completing assistance with self administration of training by the end of the survey.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to maintain the required up-to-date admission and discharge log for the 29 entries it contained.

Findings include:

On [redacted] at 9:30am a review of the facility's admission and discharge log revealed that the facility had 29 residents. The facility failed to document the place from which the residents were admitted, and

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whether the residents was receiving limited mental health services on this log.

At survey's completion on , the Administrator confirmed at 1:15 pm that there was not a comprehensive admission and discharge log completed.

Class

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview, review of records and observation the facility failed to timely file a variance to extended its implementation of the Emergency Environmental Contraol Plan past . This has the potential to affect all residents in the event of an emergency.

Findings include:

On a generator was observed on the property of the facility. The Administrator confirmed that the generator was still being installed and was not yet operable. .

A review of the residents and facility records showed the facility filed the initia extension which was approved through .

During a follow up call with the electrician working on the installation on at 11:05 am, he confirmed it would be another 2 weeks before the electrical work is completed.

Class III