STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	R **05/23/2019**
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 5/23/2019 a follow-up monitoring survey was conducted at Peterson Assisted Living Facility. The deficient practice was cleared.