

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 01/05/2017  
FORM APPROVED**

|                                                                                                         |                                                                                              |                                                     |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968961</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>12/28/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PEABODY ALF INC</b>                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1309 PEABODY DR E<br/>JACKSONVILLE, FL 32221</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION) |                                                                                              |                                                     |

**0000 Initial Comments**

On December 28, 2016 a Limited Nursing Services survey were conducted at Peabody ALF (License #12841). Deficient practice was not identified during the surveys



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

January 5, 2017

Administrator  
Peabody ALF, Inc.  
1309 Peabody Drive, East  
Jacksonville, FL 32221

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on December 28, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Amanda Wisehart  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

JS/AW/sm  
Enclosure

1GGN

