

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969149</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/23/2024</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TROUT RIVER ASSISTED LIVING FACILITY**

**9821 RIBAUT AV  
JACKSONVILLE, FL 32208**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| CZ816                    | <p>408.809(2) 435.05(2) 59A-35.090(2d-3b)<br/>Background Screening-Compliance Attestation</p> <p>408.809 Background screening; prohibited offenses.-</p> <p>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print _____ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or</p> | CZ816               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TROUT RIVER ASSISTED LIVING FACILITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9821 RIBAUT AV<br/>JACKSONVILLE, FL 32208</b>                                |                          |                                                                    |
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| CZ816                                                                           | <p>Continued From page 1</p> <p>professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:</p> <p>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;</p> <p>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and</p> <p>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.</p> <p>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:</p> <p>(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if _____ for any of the disqualifying offenses while employed by the employer.</p> <p>59A-35.090 Background Screening.</p> <p>(2) Processing Screening Requests, Required Documents and Fees.</p> <p>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-09106">http://www.flrules.org/Gateway/reference.asp?No=Ref-09106</a>, and available from the Agency for Health Care Administration at: <a href="http://ahca.myflorida.com/MCHQ/Central_Service">http://ahca.myflorida.com/MCHQ/Central_Service</a></p> | CZ816                                                                          |                                                                                                                          |                          |                                                                    |

Agency for Health Care Administration

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| CZ816                                                                           | <p>Continued From page 2</p> <p>s/Background_Screening/Regulations_Forms.sht<br/>ml. This form must be completed by the individual<br/>and retained by the provider upon hire to attest<br/>that they meet the requirements for qualifying for<br/>employment, they have not been unemployed for<br/>more than 90 days from a position that requires<br/>Level 2 screening, and they agree to inform the<br/>employer immediately if _____ for any<br/>disqualifying offense.</p> <p>(e) An administrator or chief financial officer must<br/>be screened and qualified prior to _____ to<br/>the position.</p> <p>(3) Results of Screening and Notification.<br/>(a) Final results of background screening<br/>requests will be provided through the Agency's<br/>secure website that may be accessed by all<br/>health care providers applying for or actively<br/>licensed through the Agency that are registered<br/>with the Care Provider Background Screening<br/>Clearinghouse. The secure website is located at:<br/><a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">apps.ahca.myflorida.com/SingleSignOnPortal</a>.</p> <p>(b) If a Level 2 criminal history is incomplete, a<br/>certified letter will be sent to the individual being<br/>screened requesting the _____ report and court<br/>disposition information. If the letter is returned<br/>unclaimed, a copy of the letter will be sent by<br/>regular mail. Pursuant to Section 435.05(1)(d),<br/>F.S., the missing information must be filed with<br/>the Agency within 30 days of the Agency's<br/>request or the individual is subject to<br/>disqualification in accordance with Section<br/>435.06(3), F.S.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on employee record review and staff<br/>interview, the facility failed to ensure one out of<br/>four sampled employees had undergone a Level<br/>II background screening every 5 years.</p> | CZ816                                                                                     |                                                                                                                          |                                                              |

Agency for Health Care Administration

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| CZ816                                                                           | Continued From page 3<br><br>The findings include:<br><br>During the revisit survey on _____ an<br>employee record review of Employee B revealed<br>her date of hire was _____. Review of the<br>Agency for Health Care Administration Level II<br>background screening results form revealed the<br>last Level II screening eligibility date was<br>_____/20219. The prints expiration date was<br>(Photographic evidence obtained).<br><br>During an interview with the Administrator on<br>_____ at 11:45 am, she confirmed that<br>Employee B is currently employed at the facility<br>and she thought the screenings were done every<br>6 years, not every 5 years. She confirmed the<br>employee needed to have her _____ done.<br><br>Unclassified | CZ816                                                                                     |                                                                                                                          |                                                                    |
| {A 000}                                                                         | Initial Comments<br><br>A revisit to the relicensure survey was conducted<br>at Trout River Assisted Living Facility on _____.<br>The provider had deficiencies at the<br>time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {A 000}                                                                                   |                                                                                                                          |                                                                    |