STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969149	**04/03/2017**
NAME OF PROVIDER OR SUPPLIER **TROUT RIVER ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **9821 RIBAULT AVE** **JACKSONVILLE, FL 32208**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On an initial licensure survey with Extended Congregate Care was conducted at Trout River Assisted Living Facility. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on document review and staff interview the Facility failed to provide evidence of a statement from a health care provider showing no signs of a communicable including for 1 of 1 staff reviewed (Staff A).

The Findings Include:

The file of Staff A, with a hire date of did not contain a statement from a health care provider indicating freedom from communicable or a statement indicating freedom from .

During an interview with Staff A on at 11:15 AM she stated she does not have a a statement indicating freedom from communicable or freedom in her employee file.

Class III

Z815 Background Screening: Prohibited Offenses

Based on document review and staff interview the facility failed provide a current AHCA (Agency for Healthcare Administration) Level II background screen for 1 of 1 employees reviewed (Employee A).

The Findings Include;

On , a file review was completed for Employee A. The file for Employee A contained evidence of an AHCA Level II background screen completed on . The file did not contain any newer versions of a background screen.

During an interview with Employee A on at 11:10 AM, she said this is her most recent Level II background screen, and acknowledged the need for a new background screening.

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Unclassified