STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969149	R **04/13/2017**
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

The deficiencies were corrected at the time of the desk review.