

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/31/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969149	(X3) DATE SURVEY COMPLETED 07/26/2017
NAME OF PROVIDER OR SUPPLIER TROUT RIVER ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 9821 RIBAUT AVE JACKSONVILLE, FL 32208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

On July 26, 2017 an initial Extended Congregate Care (ECC) survey was conducted at Trout River Assisted Living Facility. Deficient practice was not identified during the survey.