STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969149	**02/07/2018**
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

A complaint investigation (CCR #2017013595) was conducted at Trout River Assisted Living Facility (License #12997) on 2/07/2018. Trout River Assisted Living Facility had no deficiencies at the time of the investigation.