

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969149	(X3) DATE SURVEY COMPLETED 06/27/2018
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

An Extended Congregate Care Monitoring was conducted at Trout River Assisted Living Facility (License #12997) on 6/27/2018. Trout River Assisted Living Facility had no deficiencies at the time of the investigation.