Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968572	A. BUILDING: _____ B. WING _____	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERTOWN ASSISTED LIVING LLC	16354 SW CHIPOLA RD BLOUNTSTOWN, FL 32424

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced biennial survey was conducted at Rivertown Assisted Living, LLC, an assisted living facility in Blountstown, FL, on - . A review of the facility's Limited Mental Health license and a generator assessment were performed at the time of the survey. Deficiencies were identified at the time of survey.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the	A 152		

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A 152	Continued From page 1 event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a clean comfortable environment was maintained. The findings include: On at approximately 10:30 AM, a tour of all four houses was performed. Throughout all four of the residential living units, there were observed bathrooms with stains, wood composite material wrapped and detaching from shower walls, brown stains on the floor and the shower mats, gray stains on the shower curtains, and black stains on the walls. (Photographic evidence obtained) On at approximately 1:20 PM, a second tour of all houses was conducted. The houses still looked the same as the initial tour. No cleaning activity appeared to have been occurred. On . . . . at approximately 1:40 PM an interview was conducted with Staff A, a Direct Care staff. When asked who had done the cleaning that day, Staff A stated he had cleaned before lunch. Staff A also stated that all the houses had been cleaned and they clean often at the facility.	A 152		

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A 152	Continued From page 2 On . . . . . at approximately 3:00 PM, an interview was done with the Facility Administrator (FA). When asked if she felt the facility was clean, the FA stated that it was very clean. When a photo was shown to the FA of the bathroom, she stated that the curtain could be changed but everything else looked okay. Class III	A 152		