

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/26/2024
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NAME OF PROVIDER OR SUPPLIER RIVERTOWN SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17112 NW CHARLIE JOHNS ST BLOUNTSTOWN, FL 32424
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(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 On August 26, 2024, an unannounced desk review revisit survey was completed for the Emergency Environmental Control survey that originally ended on June 21, 2024 at Rivertown Senior Care, an assisted living facility in Blountstown, FL. Based on review of the documentation provided, the deficiency was found to be corrected.	A 000		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE