

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/11/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968572	(X3) DATE SURVEY COMPLETED 04/10/2014
NAME OF PROVIDER OR SUPPLIER Rivertown Assisted Livinvg Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 16354 Sw Chipola Rd Blountstown, FL 32424	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 4/10/14 an unannounced limited nursing services (LNS) monitoring survey was conducted at Rivertown Assisted Living Facility. No deficiencies were cited.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 11, 2014

Administrator
Rivertown Assisted Living Llc
16354 Sw Chipola Rd
Blountstown, FL 32424

Dear Administrator:

This letter reports findings of a state licensure limited nursing services monitoring survey that was conducted on April 10, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

IGGN



AO02HQASchedule

From: Hamilton, Peggy
Sent: Thursday, April 10, 2014 2:26 PM
To: AO02HQASchedule
Subject: TPYO11 LNS Monitoring Rivertown
Attachments: ASPENTX.ZIP; LNS 30881 TPYO11 04102014.doc; Referral Tracking Sheet 30881 TPYO11 04102014.docx; SN 30881 TPYO11 04102014.doc

ASPEN ID: TPYO11

No deficiencies