STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968643	**09/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rivertown Senior Care	**17112 Nw Charlie Johns St Blountstown, FL 32424**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

0000-Initial Comments

On , 2014 an announced Initial licensure survey with limited nursing services (LNS) and limited mental health (LMH) was conducted at Rivertown Senior Care in Blountstown, FL. Deficiencies were found at the time of the survey.

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on employee record review and staff interview the facility failed to ensure a staff member was available in the facility at all times that had current and First Aid certification.

The findings are:

A review of the employee A record reveals hire date of . No current or First Aid certification

A review of the employee B record reveals hire date of . No current or First Aid certification

An interview was conducted with the administrator on at approximately 12:00 PM. She stated she is a licensed practical nurse but her certification is not current. She confirmed that employee B did not have the and First Aid certification.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and staff interview the facility failed to ensure their menus had been reviewed and signed by a licensed or registered dietician annually.

The findings are:

The facility provided menus that were last reviewed by a dietician in 2012.

An interview was conducted with the administrator on at approximately 12:00 PM. She was not aware that the menus had to be reviewed and signed annually.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2014

Administrator
Rivertown Senior Care
17112 Nw Charlie Johns St
Blountstown, FL 32424

Dear Administrator:

This letter reports the findings of an initial state licensure survey that was conducted on [illegible], 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after [illegible] to verify that the necessary corrections are in place to correct the deficiencies identified on your 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,

for Jonah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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