STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968643	**09/24/2014**
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)		

Revisit Corrected Tags:
0083-Training - First Aid And Cpr-09/24/2014
0093-Food Service - Dietary Standards-09/24/2014

0000-Initial Comments
A desk review follow-up was completed 9/24/2014. Based on information submitted by the provider for review, the previously cited deficiencies were found to be corrected. Recommend licensure.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 24, 2014

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

Dear Administrator:

This letter reports the findings of a desk review follow-up to the initial licensure survey of 9/15/2014.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected based on information submitted by the provider. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Patricia McGatlin, RNC

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

DH/pm
Enclosure

DT9D

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