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|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910124</b>                               | (X3) DATE SURVEY COMPLETED<br><br><b>12/11/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Riverview Retirement Center</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>4470 South Washington Ave.<br/>Titusville, FL 32780</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                         |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

12/11/14 Limited Nursing Services (LNS) monitoring was completed. There were no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDİK  
SECRETARY

January 20, 2015

Administrator  
Riverview Retirement Center  
4470 South Washington Ave.  
Titusville, FL 32780

**RE: LNS monitoring**

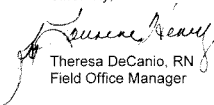
Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services monitoring survey that was conducted on December 11, 2014 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

1GGN

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