

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/15/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968643	(X3) DATE SURVEY COMPLETED 04/15/2015
NAME OF PROVIDER OR SUPPLIER RIVERTOWN SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17112 NW CHARLIE JOHNS ST BLOUNTSTOWN, FL 32424	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

On April 15, 2015, an unannounced survey for an increase in capacity was conducted at Rivertown Senior Care in Blountstown, Florida. At the time of the survey, the facility was in compliance with the requirements for Assisted Living Facilities.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2015

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

RE: Capacity Increase Survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 15, 2015 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

