



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 13, 2015

Administrator
Riverwood Lodge ALF
6873 SW US Hwy 27
Fort White, FL 32038

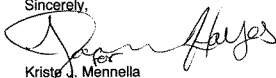
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 6, 2015 by a representative of this office. Enclosed 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. **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 this officer at (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

341J



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/13/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968875	(X3) DATE SURVEY COMPLETED 08/06/2015
NAME OF PROVIDER OR SUPPLIER RIVERWOOD LODGE, ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6873 SW US HWY 27 FORT WHITE, FL 32038	

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

0000 Initial Comments

On 08/06/2015 an announced initial licensure survey was conducted at Riverwood Lodge Assisted Living Facility in Fort White, Florida. Deficient practice was not identified at the time of the survey.