

8/17/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910124	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/15/2015
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Name of Facility
RIVERVIEW RETIREMENT CENTER

Street Address, City, State, Zip Code
4470 SOUTH WASHINGTON AVE.
TITUSVILLE, FL 32780

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 07/15/2015 0078	ID Prefix A0090 Reg. # 58A-5.019(11) FAC LSC	Correction Completed 07/15/2015 0090	ID Prefix A0091 Reg. # 58A-5.019(12) FAC LSC	Correction Completed 07/15/2015 0091
ID Prefix A0123 Reg. # 429.27(3-4) FS; 58A-5.021(1) LSC	Correction Completed 07/15/2015 0123	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 07/15/2015 0162	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 07/15/2015 Z815
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

5/27/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 17, 2015

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

RE: Desk review to CHOW w/LNS/LMH

Dear Administrator:

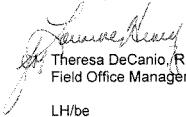
This letter reports the findings of a state licensure survey Change of Ownership revisit conducted on July 15, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

DT9D

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