| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968572 | 09/28/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**RIVERTOWN ASSISTED LIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**16354 SW CHIPOLA RD**<br>**BLOUNTSTOWN, FL 32424** | |

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

**0000 Initial Comments**

An unannounced complaint survey for CCR#2015008972 and CCR#2015009131 was conducted in conjunction with the revisit to the biennial, at Rivertown Assisted Living Facility. At the time of survey the allegations was not substantiated.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 6, 2015

Administrator
Rivertown Assisted Living Llc
16354 Sw Chipola Rd
Blountstown, FL 32424

**RE: CCR #2015009131 and 2015008972**

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 28, 2015 by representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,

Kristi Combs

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

DH/kc
Enclosure

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