

10/28/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968643

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/20/2015

Name of Facility

RIVERTOWN SENIOR CARE

Street Address, City, State, Zip Code

17112 NW CHARLIE JOHNS ST
BLOUNTSTOWN, FL 32424

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 A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 10/20/2015	ID Prefix A0051 Reg. # 58A-5.0185(2) FAC LSC	Correction Completed 10/20/2015	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 10/20/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

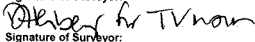
Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:
10/28/15
Date:

Followup to Survey Completed on:
7/14/2015

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

YES NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/28/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968643	(X3) DATE SURVEY COMPLETED R 10/20/2015
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

A revisit was conducted. Previously identified citations were found corrected.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 28, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 20, 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 me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone: 850-412-4540, Fax: (850) 922-9162
AHCA MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida