

**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 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

On October 20, 2015 an unannounced complaint survey (CCR# 2015009143) was conducted at Rivertown Senior Care Assisted Living Facility. No deficiencies were identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 28, 2015

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

RE: CCR #2015009143

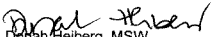
Dear Administrator:

This letter reports the findings of a complaint survey completed on October 20, 2015 by representative(s) 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(s). Should you have any questions, please contact me at 850-412-4540.

Sincerely,


Deborah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

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