

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/31/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968643	(X3) DATE SURVEY COMPLETED R 08/29/2016
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

An unannounced revisit survey was conducted at Rivertown Senior Care on 8/29/16. At the time of survey the deficient practice was corrected.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 1, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure second revisit survey conducted on August 29, 2016 by a representative of this office.

Attached is the provider's copy of the State Form, 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/kc
Enclosure

DT9D

