STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910124	R **03/07/2017**
NAME OF PROVIDER OR SUPPLIER **RIVERVIEW RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **4470 SOUTH WASHINGTON AVE.** **TITUSVILLE, FL 32780**	

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

0000 - Initial Comments

A revisit to a biennial re-licensure survey with Limited Nursing Services and Limited Mental Health was conducted on 3/7/17. Riverview Retirement Center (license #7358) had no deficiencies at the time of the visit.