STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968572	R **06/27/2017**
NAME OF PROVIDER OR SUPPLIER **RIVERTOWN ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16354 SW CHIPOLA RD** **BLOUNTSTOWN, FL 32424**	

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

0000 - Initial Comments

On 6/27/17, a desk review revisit survey was conducted for the biennial licensure survey with limited mental health dated 4/18/17 at Rivertown Assisted Living. Based on an acceptable plan of correction and supporting documentation, deficiencies were corrected.