STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968875	**06/21/2017**
NAME OF PROVIDER OR SUPPLIER **RIVERWOOD LODGE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6873 SW US HWY 27** **FORT WHITE, FL 32038**	

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

0000 - Initial Comments

On 06/20/2017 through 6/21/2017, a Change of Ownership (CHOW) survey was conducted at Riverwood Lodge Assisted Living Facility (facility license number 12714). No deficiencies were found at the time of the survey.