STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910124	**08/01/2017**
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

Complaint Investigation #2017004300 was conducted at Riverview Retirement Center Assisted Living Facility, License # 7358 on 8/1/17.
The facility had no deficiencies at the time of the visit.