STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968572	**09/06/2017**
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

An unannounced capacity increase survey was conducted at Rivertown Assisted Living , license # 12439, on 9/6/17. At the time of survey there were no deficiencies identified.