

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969035	(X3) DATE SURVEY COMPLETED 10/05/2017
NAME OF PROVIDER OR SUPPLIER RIVERVIEW SENIOR RESORT	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 GRAN AVE PALM BAY, FL 32905	

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

0000 - Initial Comments

A monitoring visit for Extended Congregate Care (ECC) and Limited Nursing Services (LNS) was conducted on 10/052017. Riverview Senior Resort license #12862 had no deficiencies at the time of the visit.