STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910124	**10/05/2017**
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

A complaint investigation #2017011517 was conducted on . Riverview Retirement Center Assisted Living Facility License #7358 had a deficiency at the time of the visit.

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC

Based on record review and interview the facility failed to submit an adverse incident report when Law enforcement were called to the facility to conduct an investigation.

Findings:

On at 10 AM, the administrator said the police arrived to the facility sometime around the end of , to conduct an investigation against the facility regarding Resident #3 being and being left alone outside for a long period of time.

Record review for resident #3 revealed the facility noted on revealed the resident was sent to the Emergency . According to documentation, this was due to the resident screaming and being disoriented. The resident was discharged from the facility on because she required a higher level of care.

On at 10:15 AM, the administrator said she did not complete an adverse incident report. She said she was unaware she was required to complete a report because the officer came with the department of children and families.

Unclassified