

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910124	(X3) DATE SURVEY COMPLETED R 10/24/2017
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

10/24/17 desk review completed to complaint #2017011517. Riverview Retirement Center, License #7358, had no deficiencies at the time of the review.