

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968643	(X3) DATE SURVEY COMPLETED 12/18/2017
NAME OF PROVIDER OR SUPPLIER RIVERTOWN SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17112 NW CHARLIE JOHNS ST BLOUNTSTOWN, FL 32424	

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

0000 - Initial Comments

An unannounced monitoring survey for limited nursing services was conducted on December 18, 2017 at Rivertown Senior Care (license #12565). No deficient practice was identified at the time of the survey.