

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969035	(X3) DATE SURVEY COMPLETED R 01/23/2018
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

1/23/18 Desk Review completed to complaint #2017007919. Riverview Senior Resort, license #12862, had no deficiencies at the time of the review.