STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968875	**01/22/2018**
NAME OF PROVIDER OR SUPPLIER **RIVERWOOD LODGE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6873 SW US HWY 27** **FORT WHITE, FL 32038**	

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

0000 - Initial Comments

On 1/22/2018 a complaint survey (CCR# CCR#2018000280) was conducted at Riverwood Lodge Assisted Living Facility, 6873 SW US HWY 27, Fort White, FL. (License #12714). Deficient practice was identified during the survey process.

0180 - Emergency Management - 58A-5.026(1) FAC

Based on interview and record review the facility failed to prepare a written comprehensive emergency management plan in accordance with the "Emergency Management Criteria for Assisted Living Facilities."

Findings:

On 1/22/18 at 11:04 AM, interview conducted with the facility Administrator revealed the facility does not have an emergency management plan. She also stated the facility has a generator in the storage shed to use in case of an emergency.

On 1/22/18, record review of a temporary emergency petition for waiver/variance of rule 58AER17-1 submitted October 24, 2017 by the facility to the Department of Elder Affairs. Documentation observed to not have a Department of Elder Affairs (DOEA) case number or documentation showing if the waiver/variance request was approved by the DOEA year to date.

On 1/22/18 at 12:15 PM, the Administrator stated this is all the information she and the owners have regarding the generators. The Administrator confirms the only generator at the facility was the small portable gas generator located in the storage shed. She confirmed the facility has no approved emergency management plan from a local emergency management agency.

Class III