

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968640	(X3) DATE SURVEY COMPLETED 03/26/2018
NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 7211 RIVERWOOD BLVD TAMPA, FL 33615	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Biennial Survey was conducted at Riverwood Assisted Living Facility on 03/26/2018. Riverwood Assisted Living Facility had no deficient practice identified at the time of the survey. License: 12506		