| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969035** | R<br>**05/16/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**RIVERVIEW SENIOR RESORT** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3490 GRAN AVE**<br>**PALM BAY, FL 32905** | |

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

**0000 - Initial Comments**

A revisit to the Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring survey was conducted on . Riverview Senior Resort, License#12862, had deficiency at the time of the visit.

**0004 - Licensure - Requirements - 58A-5.016 FAC**

DEFICIENCY REMAINED UNCORRECTED

Based on an interview with the administrator, the facility still failed to inform the Agency of a change of use of its second floor space. It had been changed to be a locked memory care unit, in .

Findings:
On at 12:45 p.m. the administrator stated his former business office staff had sent an e-mail to inform the agency of the change of use of the space. However, he was unable access her computer to retrieve the e-mail message at the time. He was allowed to submit the documentation to the surveyor by Friday .

On at 3:55 p.m. the administrator informed the surveyor via a telephone call that he was unable to find any documentation showing his former employee had informed the agency of the change of use of space.

Class III