STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968643	R **05/31/2018**
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

A desk review revisit licensure survey was completed on 5/31/2018 was completed for Rivertown Senior Care (license #12565), an assisted living facility in Blountstown, FL for the licensure survey conducted on 4/16/18 & 4/17/18. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.