STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968875	R **04/09/2018**
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 [redacted], 2018 a desk review follow-up was conducted on Riverwood Lodge Assisted Living Facility (license#) in reference to their emergency plan. No deficient practice was identified at this time.

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