

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969035	(X3) DATE SURVEY COMPLETED 10/01/2018
NAME OF PROVIDER OR SUPPLIER RIVERVIEW SENIOR RESORT	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 GRAN AVE PALM BAY, FL 32905	

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

0000 - Initial Comments

A complaint investigation #2018010215 was conducted on . Riverview Senior Resort license #12862 had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26() FS; 58A-5.0181(2) FAC

Based on record review and interview the facility did not obtain a complete and accurate Resident Health Assessment form (AHCA form 1823) for 2 of sampled residents (#7 & #8).

Findings:

1. Resident record review for resident #1 revealed a health assessment report dated that did not address the resident's needs regarding medications. That portion of the assessment was blank.
2. Resident record review for resident # 2 revealed a health assessment dated that did not address the resident's need regarding grooming, toileting and transferring. That portion of the assessment was blank.

In an interview on with the Director Health of Services at 3:30 PM who said the assessments were overlooked.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on facility record review and interview the facility failed to ensure that facility records included an up to date admission and discharge log.

Findings:

Review of the admission and discharge log revealed that residents #2 and #6 who no longer lived at the facility were listed on the log. The log did not contain the move out (discharge) date, reason for discharge and place discharge to.

In an interview on with the Director Health of Services at 3:30 PM who confirmed the findings.

Class

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/10/2018
FORM APPROVED**

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