STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969035	R **12/10/2018**
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 revisit to a Complaint Investigation #2018010215 was conducted on 12/10/2018. Riverview Senior Resort Assisted Living Facility with Limited Nursing Services (LNS) and Extended Congregate Care (ECC), License #12862 had no deficiencies at the time of the visit.