STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910124	**01/02/2019**
NAME OF PROVIDER OR SUPPLIER **RIVERVIEW RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **4470 SOUTH WASHINGTON AVE.** **TITUSVILLE, FL 32780**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Riverview Retirement Center, license #7358, had one deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility record review and interview, the facility did not, within five (5) business days, notify each resident and the resident's legal representative in writing when the plan was approved by the county Office of Emergency Management (OEM) as required by 58A-5.036 FAC.

Findings:

Review of the facility documents did not find documentation the residents or responsible families were notified in writing of the submission of the facility plan.

On at 2:15 PM, the administrator confirmed she had not sent notification letters to the residents/responsible parties of the plan submission to the county. She stated she was not aware of the requirement.

Class III