

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910124	(X3) DATE SURVEY COMPLETED R 01/17/2019
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

1/17/19 desk review conducted to relicensure survey. Riverview Retirement Center, license #7358, had no deficiencies at the time of the review.