

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910124	(X3) DATE SURVEY COMPLETED 08/09/2018
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

An unannounced monitoring visit related to emergency environmental control was conducted at Riverview Retirement Center (license 7358), 4470 South Washington Street, Titusville, Florida, on 8/9/2018. No deficient practice was found at the time of the visit.