STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968875	C **04/15/2019**
NAME OF PROVIDER OR SUPPLIER **RIVERWOOD LODGE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6873 SW US HWY 27** **FORT WHITE, FL 32038**	

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

0000 - Initial Comments

A complaint investigation (Complaint #2019001938 and Complaint #2019002223) was conducted at Riverwood Lodge Assisted Living on April 15, 2019. The facility had no deficiencies related to the complaint survey at the time of the survey.