STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968572	**05/29/2019**
NAME OF PROVIDER OR SUPPLIER **RIVERTOWN ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16354 SW CHIPOLA RD** **BLOUNTSTOWN, FL 32424**	

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

0000 - Initial Comments

An unannounced comprehensive emergency management plan and generator assessment survey was conducted at Rivertown Assisted Living on May 29, 2019. The facility was in compliance with the requirements for Assisted Living Facilities at the time of the survey.