STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968751	**12/30/2015**
NAME OF PROVIDER OR SUPPLIER **CROSSINGS AT RIVERVIEW (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8451 US HIGHWAY 301 SOUTH** **RIVERVIEW, FL 33578**	

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

0000 Initial Comments

Assisted Living Facility

On December 30, 2015, an Extended Congregate Care Monitoring Visit was conducted at Crossing At Riverview Assisted Living Facility. Deficient practice was not identified during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 6, 2016

Administrator
Crossings at Riverview (The)
8451 Us Highway 301 South
Riverview, FL 33578

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit that was conducted on December 30, 2015, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FW Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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