STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968751	**11/21/2016**
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

Amended

An unannounced Extended Congregate Care (ECC) monitoring survey with was conducted on 11/21/16 at The Crossings at Riverview. The Crossings at Riverview, Assisted Living Facility, had no deficiencies identified at the time of the visit. Please note that Tag Z814 was administratively deleted on 12/01/16.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 1, 2016

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

Re: **Amended**

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit that was conducted on November 21, 2016, 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. Please note that Tag Z814 was administratively deleted on 12/01/16.

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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

1GGN

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