STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968751	R **03/30/2017**
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

A desk review was conducted on 3/30/17 to the biennial licensure survey of 3/01/17. It was determined that the deficient practice previously cited at The Crossings at Riverview had been corrected.