STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968751	**07/03/2017**
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

On 7/3/17 a Complaint CCR#2017003886 in conjunction with CCR#2017004258 survey was conducted at The Crossings at Riverview. No deficiencies were identified during the visit.
(license #12642)