

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968751	(X3) DATE SURVEY COMPLETED 11/14/2017
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 Two unannounced complaint surveys, (CCR# 2017010587 and CCR# 2017010982), were conducted 11/14/17 at The Crossings at Riverview, an Assisted Living Facility, (License # 12642), in Riverview, Florida. No deficiencies were identified at the time of the visit.		