

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968751	(X3) DATE SURVEY COMPLETED 03/05/2018
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 Complaint investigation (CCR#2018000020 & #2018000742) was conducted at Crossings At Riverview (the) on 3/5/18. Crossings At Riverview (the) had no deficiencies at the time of the investigation. License (#12642)		