

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968875	(X3) DATE SURVEY COMPLETED R 07/19/2018
NAME OF PROVIDER OR SUPPLIER RIVERWOOD LODGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 6873 SW US HWY 27 FORT WHITE, FL 32038	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On July 19, 2018, an unannounced follow-up to complaint (CCR #2017014604) survey was conducted at Riverwood Lodge Assisted Living Facility in Fort White, FL (License #12714). No deficient practice was identified at the time of the survey.