

**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 08/27/2018
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 August 27, 2018, an unannounced follow up to complaint (CCR #2018004616) survey as conducted at Riverwood Lodge Assisted Living Facility in Fort White, FL (License #12714). No deficient practice was identified at the time of the survey.

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