

1/8/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965234(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
1/4/2013

Name of Facility

ROSEWOOD GARDENS INC.

Street Address, City, State, Zip Code

643 NE LAGOON LANE
PORT SAINT LUCIE, FL 34983

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0076 Reg. # 58A-5.0186 FAC LSC	Correction Completed 01/04/2013	ID Prefix A0079 Reg. # 58A-5.019(4) FAC LSC	Correction Completed 01/04/2013	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 01/04/2013
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

1/10/13

Date:

Signature of Surveyor:

01/4 Smith for A. STANTON

Signature of Surveyor:

Date:

1/10/13

Date:

Followup to Survey Completed on:

11/14/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

January 10, 2013

Administrator
Rosewood Gardens Inc.
643 NE Lagoon Lane
Port Saint Lucie, FL 34983

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 4, 2013 by a representative from this office. Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

J5XD

