

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/15/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965681	(X3) DATE SURVEY COMPLETED 11/04/2013
NAME OF PROVIDER OR SUPPLIER Rosewood House II, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 Belcher Road Dunedin, FL 34698	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-11/04/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 15, 2013

Administrator
Rosewood House II, Inc.
3175 Belcher Road
Dunedin, FL 34698

Dear Administrator:

This letter reports the findings of a second state licensure survey revisit conducted on November 4, 2013, by a representative of 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 second 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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

kpr

PRC/kpr

Enclosure: State (5000-3547) Form

