STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968125	**02/05/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Garden Of Roses	**3629 SE 2nd St Boynton Beach, FL 33435**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0007-Admissions - Criteria-01/23/2014
0030-Resident Care - Rights & Facility Procedures-01/23/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/23/2014
Z815-Background Screening; Prohibited Offenses-01/23/2014
Z827-Unlicensed Activity-01/23/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 28, 2014

Administrator
Garden Of Roses
3629 SE 2nd St
Boynton Beach, FL 33435

RE: CCR # 2012000348

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on February 5, 2014 by representatives of this office. Attached is the provider's copy of the State Form (5000-3547), 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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Tallahassee, FL 32308
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