

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968125	(X3) DATE SURVEY COMPLETED 04/23/2014
NAME OF PROVIDER OR SUPPLIER Garden Of Roses	STREET ADDRESS, CITY, STATE, ZIP CODE 3629 Se 2nd St Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR#2014003633, was conducted on 04/23/2014 at Garden of Roses Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 09, 2014

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

RE: CCR #2014003633

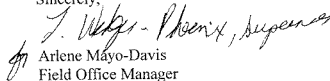
Dear Administrator:

This letter reports the findings of a complaint survey completed on April 23, 2014 by a representative of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

