STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965234	**09/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosewood Gardens Inc.	**643 NE Lagoon Lane Port Saint Lucie, FL 34983**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced abbreviated Relicensure survey was conducted on September 10, 2014 at Rosewood Gardens Inc. The facility had no deficiencies found at the time of the visit.

A follow-up to the Limited Nursing Services (LNS) licensure survey was conducted on the same date. Please refer to the separate report for the findings.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 23, 2014

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 10, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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