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)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-09/10/2014
0083-Training - First Aid And Cpr-09/10/2014
0152-Physical Plant - Safe Living Environ/other-09/10/2014

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the Limited Nursing Services (LNS) licensure survey was conducted on September 10, 2014. Rosewood Gardens Inc. had no deficiencies found at the time of the visit.

The Re-Licensure Survey was conducted in conjunction with this survey on the same date. Please refer to the separate report for the findings.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2014

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 with Limited Nursing Services (LNS) revisit conducted on September 10, 2014 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

DT9D

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