

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968125	(X3) DATE SURVEY COMPLETED 08/08/2014
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)		

Specific Tag Findings:

0000-Initial Comments

There were no deficiencies issued during the Assisted Living Facility Monitoring Survey visit conducted on 08/08/2014 at the Garden of Roses.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 8, 2014

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

RE: Monitoring Survey

Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on August 8, 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,


to Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

