

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968435	(X3) DATE SURVEY COMPLETED 03/18/2015
NAME OF PROVIDER OR SUPPLIER Rose Garden Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 34731 Chancey Rd Zephyrhills, FL 33541	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

Assisted Living Facility

An Extended Congregate Care (ECC) monitoring survey was conducted in conjunction with a Revisit to the Extended Congregate Care (ECC) monitoring survey conducted on 12/17/14.

Rose Garden Manor, an Assisted Living Facility, had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 20, 2015

Administrator
Rose Garden Manor
34731 Chancey Rd
Zephyrhills, FL 33541

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a extended congregate care (ECC) monitoring visit conducted on March 18, 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Paul Brown, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

for

PRC/clt
Enclosure

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