

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/31/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968866	(X3) DATE SURVEY COMPLETED 07/30/2015
NAME OF PROVIDER OR SUPPLIER ROSEWELL HOME AND RESIDENTIAL CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3366 SW VENDOME ST PORT SAINT LUCIE, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An Initial Licensure survey (5 bed ALF) was conducted on July 30, 2015. Rosewell Home And Residential Care, LLC had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 31, 2015

Administrator
Rosewell Home And Residential Care LLC
3366 Sw Vendome St
Port Saint Lucie, FL 34953

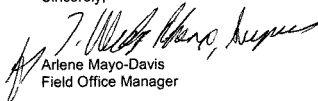
Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on July 30, 2015 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. **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/sf
Enclosure

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