

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/23/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965681	(X3) DATE SURVEY COMPLETED 12/11/2015
NAME OF PROVIDER OR SUPPLIER ROSEWOOD HOUSE II, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 BELCHER ROAD DUNEDIN, FL 34698	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility Complaint

On 12/11/2015 a complaint investigation (CCR# 2015012723) was conducted at Rosewood Assisted Living Facility. No deficiencies were identified on the day of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 23, 2015

Administrator
Rosewood House II, Inc.
3175 Belcher Road
Dunedin, FL 34698

RE: CCR# 2015012723

Dear Administrator:

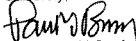
This letter reports the findings of a complaint survey completed on December 11, 2015, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

