

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/08/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968809	(X3) DATE SURVEY COMPLETED 01/29/2016
NAME OF PROVIDER OR SUPPLIER ROSE ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 256 SW MOSELLE AVE PORT SAINT LUCIE, FL 34984	

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

0000 Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted at Rose Assisted Living Facility (ALF) on 01/29/16. Rose ALF had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 8, 2016

Administrator
Rose Assisted Living Facility LLC
256 SW Moselle Ave
Port Saint Lucie, FL 34984

RE: Monitoring Survey

Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on January 29, 2016 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,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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