

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/06/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969002	(X3) DATE SURVEY COMPLETED 04/05/2016
NAME OF PROVIDER OR SUPPLIER THE ROSE GARDEN OF FT MYERS	STREET ADDRESS, CITY, STATE, ZIP CODE 2117 EARL RD FORT MYERS, FL 33901	

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

0000 Initial Comments

An announced Initial licensure survey was completed on 4/5/16 at The Rose Garden of Fort Myers, an Assisted Living Facility in Fort Myers, Florida.

No deficiencies were identified at the time of the survey. Recommend licensure of the facility.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 6, 2016

Administrator
The Rose Garden Of Ft Myers
2117 Earl Rd
Fort Myers, FL 33901

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on April 5, 2016 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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