

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967714	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER ROCKWELL SENIORS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 22198 ENSENADA WY BOCA RATON, FL 33433	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016008045, was conducted on 10/04/16 at Rockwell Seniors. The facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 17, 2016

Administrator
Rockwell Seniors Inc
22198 Ensenada Wy
Boca Raton, FL 33433

RE: CCR #20160008045

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on September 30, 2016 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact 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/jw
Enclosure

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