STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965234	R **02/13/2017**
NAME OF PROVIDER OR SUPPLIER **ROSEWOOD GARDENS INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **643 NE LAGOON LANE** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An unannounced revisit to the relicensure survey was conducted on 2/13/17 at Rosewood Gardens, Inc. (License #9627). The facility had no deficiencies at the time of the revisit.