

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965234	(X3) DATE SURVEY COMPLETED 03/15/2017
NAME OF PROVIDER OR SUPPLIER ROSEWOOD GARDENS OF PORT ST LUCIE 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 licensure Complaint survey, CCR#2016014626, was conducted on March 15, 2017 at Rosewood Gardens Of Port Saint Lucie, Inc. (License #9627). The facility had no deficiencies identified at the time of the visit.