STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967589	R **03/29/2017**
NAME OF PROVIDER OR SUPPLIER **ROSIE'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1102 SW IVANHOE STREET** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

A Relicensure desk review revisit survey was conducted on 3/29/17 at Rosie's Place (License #11602). The facility had no deficiencies identified at the time of the survey.