STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968809	R **05/15/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE ASSISTED LIVING FACILITY LLC	**256 SW MOSELLE AVE** **PORT SAINT LUCIE, FL 34984**

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

0000 - Initial Comments

A desk review revisit survey to the Re-licensure survey was conducted on 5/10/2017 through 05/15/2017 for Rose Assisted Living Facility, License # 12659. The facility had no deficiencies at the time of the revisit.