STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968211	R **07/11/2017**
NAME OF PROVIDER OR SUPPLIER **ROSIE'S MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1910 SE RAINIER ROAD** **PORT SAINT LUCIE, FL 34952**	

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

0000 - Initial Comments

A desk review revisit survey to the Extended Congregate Care monitoring survey was conducted on 07/11/2017 for Rosie's Manor ALF, License # 12131. The facility had no deficiencies at the time of the visit.

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