STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968125	**09/19/2017**
NAME OF PROVIDER OR SUPPLIER **GARDEN OF ROSES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3629 SE 2ND ST** **BOYNTON BEACH, FL 33435**	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on 9/19/17 at Garden of Roses ALF, License #12067. The facility had no deficiencies at the time of the visit.