STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968866	R **10/19/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWELL HOME AND RESIDENTIAL CARE LLC	**3366 SW VENDOME ST** **PORT SAINT LUCIE, FL 34953**

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

0000 - Initial Comments

A follow-up inspection to the relicensure survey was conducted on 10-19-17 at Rosewell Home and Residential Care LLC, License #12708. The Rosewell Home and Residential Care assisted living facility did not have deficiencies during this inspection.