

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968211	(X3) DATE SURVEY COMPLETED R 03/15/2018
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 Relicensure survey revisit was conducted by desk review on 03/15/2018 for Rosie's Manor ALF, License #12131. All previously cited deficiencies were corrected.