STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967589	R **01/15/2019**
NAME OF PROVIDER OR SUPPLIER **ROSIE'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1102 SW IVANHOE STREET** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

A 2nd Revisit Survey to licensure complaint, CCR #2018007861, was conducted as a desk review on 01/15/19 for Rosie's Place ALF, License #11602. Previously cited deficiencies were found corrected.