STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968809	R **04/01/2019**
NAME OF PROVIDER OR SUPPLIER **ROSE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **256 SW MOSELLE AVE** **PORT SAINT LUCIE, FL 34984**	

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

0000 - Initial Comments

An unannounced revisit to the Relicensure survey was conducted on 04/01/2019 at Rose Assisted Living Facility LLC, License #12659. The previously cited deficiencies were found corrected at the time of the survey.