

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/16/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967589	(X3) DATE SURVEY COMPLETED R 05/13/2019
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 revisit to the biennial survey was conducted as a desk review for Rosie's Place on 05/13/19. Deficiencies were found to be corrected at the time of the survey.		