

Agency for Health Care Administration

|                                                                  |                                                                                                                                                                              |                                                                                      |                                                                                                                          |                                                        |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION              |                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966877</b>       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/14/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROSEMONT GARDENS, INC</b> |                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1842 KREIDT DR<br/>ORLANDO, FL 32818</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                 | ID<br>PREFIX<br>TAG                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                            | Initial Comments<br><br>1/14/2013 the assisted living facility (ALF)<br>re-licensure survey was conducted.<br><br>The facility had no deficiencies found during the<br>visit | A 000                                                                                |                                                                                                                          |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0020

JUNF11

If continuation sheet 1 of 1



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

February 5, 2013

Administrator  
Rosemont Gardens, Inc  
1842 Kreidt Dr  
Orlando, FL 32818

**Re: Biennial**

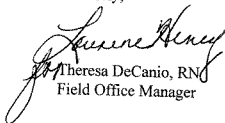
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 14, 2013 by representative(s) of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

65FO

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