

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966877	(X3) DATE SURVEY COMPLETED R 12/11/2017
NAME OF PROVIDER OR SUPPLIER ROSEMONT GARDENS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1842 KREIDT DR ORLANDO, FL 32818	

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

0000 - Initial Comments

A revisit to the complaint investigation #2017009448 was conducted on 12/11/2017. Rosemont Gardens, Inc., License #10977 did not have deficiencies at the time of the visit.