

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966877	(X3) DATE SURVEY COMPLETED 01/25/2018
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 complaint investigation #2018000632 was conducted on . Rosemont Gardens, Inc., License#, had a deficiency at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on an interview the facility failed to have its Comprehensive Emergency Management Plans (CEMP) approved by a local county emergency management agency. Findings: On at 9:45 a.m., an interview was conducted with the administrator via a telephone call. She confirmed she does not have an approval letter for the facility CEMP. Class III		