STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966877	R **02/08/2018**
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 revisit to Complaint Investigation #2017010290 was conducted on 2/8/18. Rosemont Gardens, Inc Assisted Living Facility License #10977 did not have deficiencies at the time of the visit.