

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969374	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER ROSE'S TERRACE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1924 NEPTUNE ROAD KISSIMMEE, FL 34744	

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

0000 - Initial Comments

On 5/30/18 the initial licensure survey was conducted at Rose's Terrace Inc Assisted Living Facility. There was no deficient practice identified during the survey.