STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968865	R **07/19/2018**
NAME OF PROVIDER OR SUPPLIER **ROBERTS ADULT CARE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1615 GLENDALE RD** **ORLANDO, FL 32808**	

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

0000 - Initial Comments

7/19/18 desk review completed to Relicensure survey. Roberts Adult Care Home, license #12813, had no deficiencies at the time of the review.