

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966877	(X3) DATE SURVEY COMPLETED 08/10/2018
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 Generator Assessment survey was conducted on 8/10/2018 at Rosemont Gardens, 1842 Kredit Drive, Orlando 32818 (LIC#10977). No deficiency was found at the time of the visit.