STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932626	**12/13/2018**
NAME OF PROVIDER OR SUPPLIER **PALACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **965 S. FLORIDA AVENUE** **ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted on 12/13/18. Palace Retirement Home (license #7949) had no deficiencies at the time of the visit.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967134	**01/03/2019**
NAME OF PROVIDER OR SUPPLIER **CARMITA'S HOME HEALTH, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2700 CONWAY GARDENS ROAD** **ORLANDO, FL 32806**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted at Carmita's ALF (#11236) on January 3, 2019.

No deficient practices were found at the time of the visit.