STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968865	**02/14/2019**
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

The annual monitoring visit was conducted on 2/14/19. Roberts Adult Care Home, Assisted Living Facility, License #12813 had no deficiencies at the time of the visit.