STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966877	R **03/06/2019**
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 desk review to the re-licensure survey was conducted on 3/6/19. Rosemont Gardens, Inc. had no deficiencies at the time of the review.