

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969374	(X3) DATE SURVEY COMPLETED 04/26/2019
NAME OF PROVIDER OR SUPPLIER ROSE'S TERRACE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1924 NEPTUNE ROAD KISSIMMEE, FL 34744	

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 Rose's Terrace ALF (file #11969374) on April 26, 2019. There was no deficient practices were found at the time of the visit.