

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968413	(X3) DATE SURVEY COMPLETED R 08/21/2019
NAME OF PROVIDER OR SUPPLIER THE ROSE GARDEN OF ORLANDO	STREET ADDRESS, CITY, STATE, ZIP CODE 9309 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A desk review for Complaint investigations 2019005732, 2019005951 and 2019006095 were conducted on 8/19/19. The deficiencies were corrected.		