

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2012
NAME OF PROVIDER OR SUPPLIER CASTLE COURT ALF, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 9709 NORTH NEBRASKA AVENUE TAMPA, FL 33612		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments Assisted Living Facility A limited nursing services (LNS) monitoring visit was completed on 08/15/12 in conjunction with a complaint survey, CCR# 2012008246, see Aspen Event NKJB11). Castle Court ALF, Inc. assisted living facility had no deficiencies found at the time of the visit.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5890

DD7C11

If continuation sheet 1 of 1

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

August 23, 2012

Administrator
Castle Court ALF, Inc.
9709 North Nebraska Avenue
Tampa, FL 33612

Re: CCR# 2012008246 & LNS Monitoring Visit

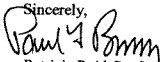
Dear Administrator:

This letter reports the findings of a complaint survey and a limited nursing services (LNS) monitoring visit completed on August 15, 2012, by a representative of this office.

Attached are the provider's copies of the State (3020) Forms, indicating no deficiencies were identified during these surveys.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Forms 3020

