STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965233	06/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Castle Court Alf, Inc.	9709 North Nebraska Avenue Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Assisted Living Facility

A monitoring visit was conducted on .

Castle Court Assisted Living Facility had deficiencies at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation, record review and interview, the facility failed to post an updated activity schedule and the facility failed to provide 4 of 6 residents interviewed with 12 hours of activities per week (Residents #1,#3, #4,#5 and #6).

The findings include:

1. On . at approximately 10:50 a.m. a tour of the facility was conducted. There was no posted activity calendar in the facility.

2. Resident #1 was interviewed on . at 11:00 a.m. Resident #1 stated the facility offers Bingo games daily for half an hour each day. Resident #1 stated she would like the facility to offer other activities, such as crafting.

3. Resident #3 was interviewed on . at 11:11 a.m. Resident #3 was interviewed. Resident #3 stated the only activity the facility offers is one hour of Bingo each day. Resident #3 stated his only activity is to eat and go back to his .

4. Resident #4 was interviewed on . at 11:38 a.m. Resident stated the only activity the facility offers is Bingo games at 2:00 p.m.

5. Resident #5 was interviewed on . at 11:59 a.m. Resident # 5 stated, " There is nothing for us really to do except for Bingo. "

6. On . at 2:13p.m. the Assistant administrator was interviewed, she stated she took the Activity calendar down to decorate the board where the calendar is posted. The Assistant Administrator confirmed the activity calendar for . was not posted.

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7. A review of the Activity calendar for revealed the residents are scheduled to play Bingo every day from 2:00 p.m. to 3:00 p.m. and Dominos is scheduled to be played from 7:00 p.m. to 8:00 p.m. every day.

Class III

0126-Fiscal - Resident Accounting 58A-5.021(7) FAC

Based on interview and record review, the facility failed to provided 2 of 6 Residents interviewed with a quarterly statement detailing what money is kept in their resident account (Residents #1 and Resident #5).

The findings include:

1. Resident #1 was interviewed on at 11:00 a.m., She stated she does not know how much money is currently in her resident account. Resident #1 stated she does not receive a quarterly statement detailing the amount in her resident account.

2. Resident #5 was interviewed on at 11:59 a.m. Resident #5 stated she does not know how much money is currently in her resident account. Resident #5 denied she has received quarterly statement from the facility regarding her resident account.

3. The administrator was interviewed on at 1:59 a.m., She confirmed the facility does not currently provided any residents in the facility nor their power of attorney a quarterly statement detailing their resident account.

4. A review of Resident financial records confirmed there is no quarterly statement for the residents. A review of the resident funds ledger revealed no amount representing what the resident #2 and #5 currently have in their resident account.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

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

Dear Administrator:

This letter reports the findings of a monitoring visit that was conducted on . 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161