

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/19/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965233	(X3) DATE SURVEY COMPLETED 12/05/2013
NAME OF PROVIDER OR SUPPLIER Castle Court Alf, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 9709 North Nebraska Avenue Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced limited nursing services (LNS) monitoring visit was attempted on 12/05/13.

The Castle Court Assisted Living Facility, Inc. did not wish to maintain the LNS license.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 19, 2013

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

Dear Administrator:

On December 5, 2013, an attempt was made by representative(s) of this office to conduct a limited nursing services (LNS) monitoring visit. Attached is the provider's copy of the State (5000-3547) Form.

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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

