



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 10, 2015

Administrator
Rosecastle of Citrus
279 North Lecanto Highway
Lecanto, FL 34461

Re: CCR #2015010632 & Bed Increase

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on October 29, 2015 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/10/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964613	(X3) DATE SURVEY COMPLETED 10/29/2015
NAME OF PROVIDER OR SUPPLIER ROSECASTLE OF CITRUS	STREET ADDRESS, CITY, STATE, ZIP CODE 279 N. LECANTO HWY LECANTO, FL 34461	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

On October 29, 2015 a complaint survey, CCR#2015010632, was conducted in conjunction with a Bed Increase survey at Rosecastle Assisted Living Facility in Lecanto, Florida. Based on these surveys no deficient practice was identified at this time.