STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967111	**11/17/2015**
NAME OF PROVIDER OR SUPPLIER **ROSECASTLE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **37411 EILAND BLVD** **ZEPHYRHILLS, FL 33542**	

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

0000 Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted in conjunction with a complaint investigation CCR# 2015009726 at Rosecastle of Zephyrhills on 11/17/15. Rosecastle of Zephyrhills had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2015

Administrator
Rosecastle of Zephyrhills
37411 Eiland Blvd
Zephyrhills, FL 33542

RE: CCR# 2015009726 & LNS Monitoring Visit

Dear Administrator:

This letter reports the findings of a complaint survey and a monitoring visit completed on November 17, 2015, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) 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(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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