STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965158	**11/04/2016**
NAME OF PROVIDER OR SUPPLIER **ROSECASTLE AT DELANEY CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 S LAKEWOOD DRIVE** **BRANDON, FL 33511**	

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

0000 Initial Comments

Assisted Living Facility

On November 4, 2016 a Biennial with extended congregate care (ECC) relicensure survey was conducted at Rosecastle at Delaney Creek. No deficiencies were found during the survey. (License # 9582)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 17, 2016

Administrator
Rosecastle At Delaney Creek
320 S Lakewood Drive
Brandon, FL 33511

Dear Administrator:

This letter reports findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on November 4, 2016 by representative(s) of this office. Attached 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(s). Should you have any questions please call **Teresa Ryan, RNC** at (727) 552-2000.

Sincerely,

Teresa Ryan RNC
for Patricia Reid Kaufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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