

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967111	(X3) DATE SURVEY COMPLETED 11/03/2016
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

On November 3, 2016, a biennial re-licensure survey with limited nursing services (LNS) was conducted at Rosecastle of Zephyrhills, Assisted Living Facility. No deficient practice was identified during the survey.

(License # 11257)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 16, 2016

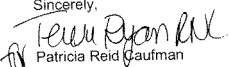
Administrator
Rosecastle of Zephyrhills
37411 Eiland Blvd
Zephyrhills, FL 33542

Dear Administrator

This letter reports findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on November 3, 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,

Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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