

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967111	(X3) DATE SURVEY COMPLETED 04/26/2017
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 complaint investigation (CCR#2017001827) was conducted at Rosecastle of Zephyrhills assisted living facility (lic# 11257) on 4/26/17. Rosecastle of Zephyrhills had no deficiencies at the time of the investigation.		