STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965233	**05/15/2017**
NAME OF PROVIDER OR SUPPLIER **CASTLE COURT ALF, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **9709 NORTH NEBRASKA AVENUE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017002571), was conducted at Castle Court ALF, Inc. on 5/15/17. Castle Court ALF had no deficiencies at the time of the investigation.

(Lic. # 9717)