

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964613	(X3) DATE SURVEY COMPLETED 05/31/2017
NAME OF PROVIDER OR SUPPLIER ROSECASTLE OF CITRUS	STREET ADDRESS, CITY, STATE, ZIP CODE 279 N. LECANTO HWY LECANTO, FL 34461	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2017002755) was conducted on May 31, 2017 at Rosecastle of Citrus Assisted Living Facility (License #9126) in Lecanto, FL. Rosecastle of Citrus Assisted Living Facility had no deficiencies at the time of the survey.