

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965158	(X3) DATE SURVEY COMPLETED R 10/05/2017
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 A desk review was conducted on 10/05/17 to the complaint survey, (CCR# 2017006285), of 8/16/17. At the time of the desk review, it was determined that the previously cited deficiencies at Rosecastle at Delaney Creek, Assisted Living Facility, had been corrected. (License # 9582)		