STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965233	**12/29/2017**
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

On December 29, 2017, a complaint survey, (CCR# 2017012376), in conjunction with a biennial state licensure survey with Limited Mental Health (LMH) was conducted at Castle Court ALF. No deficiencies were identified relative to this complaint survey.

(License # 9717)