

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965233	(X3) DATE SURVEY COMPLETED R 02/13/2018
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 desk review was conducted on 2/13/18 to the Biennial State Licensure Survey with Limited Mental Health (LMH) of 12/29/17 at Castle Court Assisted Living Facility. At the time of the desk review, it was determined that the previously cited deficiency had been corrected.

(License # 9717)