

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965158	(X3) DATE SURVEY COMPLETED 02/28/2018
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 On February 28, 2018 a change of ownership (CHOW) survey with extended congregate care (ECC) services was conducted at Rosecastle at Delaney Creek. There was no deficient practice identified during the surveys. (License # 9582)		