

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964613	(X3) DATE SURVEY COMPLETED 04/05/2018
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 Change of Ownership with Limited Nursing Services Survey was conducted on 04.04.2018 at Rosecastle of Citrus Assisted Living Facility (License #9126), Lecanto, FL. No deficient practice was identified at the time of the survey.