STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967111	**04/19/2018**
NAME OF PROVIDER OR SUPPLIER **ROSECASTLE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **37411 EILAND BLVD** **ZEPHYRHILLS, FL 33542**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) survey with Limited Nursing Services (LNS) was conducted on 4/19/18

The Rosecastle Of Zephryhills, Assisted Living Facility, License #11257, had no deficiencies at the time of this visit.