STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964613	**01/17/2018**
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

On May 23, 2018 a Limited Nursing Service Monitoring survey was conducted at Rosecastle of Citrus Assisted Living Facility, License number 9126. No deficient practice was identified during survey.