STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965233	**07/03/2018**
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 Complaint investigation (CCR#2018007509 & CCR#2018009232) was conducted on 7/3/18.

The Castle Court ALF, Inc., Assisted Living Facility (License #9717), had no deficiencies at the time of this visit.