STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965158	**11/29/2018**
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 November 29, 2018 an Extended Congregate Care (ECC) Monitoring was conducted at Rosecastle at Delaney Creek. At the time of the survey, the facility had no deficient practice.

(License# 9582)