STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967111	**12/04/2018**
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 Complaint Investigation (CCR 2018013946) was conducted on 12/04/2018 at Rosecastle of Zephyrhills (License #11257) .

At the time of the survey, the facility had no deficient practice.