STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965158	**04/16/2019**
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

A complaint investigation (complaint number 2019005657) was conducted at Rosecastle at Delaney Creek Assisted Living Facility on 4/16/2019. The facility had no deficiencies at the time of the survey.