

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965233	(X3) DATE SURVEY COMPLETED 08/15/2013
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013008459, was conducted on 08/15/13, in conjunction with three state licensure revisit surveys.

The Castle Court ALF, Inc. had no deficiencies relative to the complaint survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2013

Administrator
Castle Court ALF, Inc.
9709 North Nebraska Avenue
Tampa, FL 33612

Dear Administrator:

Re: CCR# 2013008459 & 3 Revisits

This letter reports the findings of a complaint survey and three state licensure revisit surveys that were conducted on August 15, 2013, by representatives of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey; two revisits had deficiencies that were corrected; and one revisit had corrected deficiencies, an uncorrected deficiency, and new deficiencies. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

