

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966836	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/25/2021
NAME OF PROVIDER OR SUPPLIER CASSIE'S CASTLE			STREET ADDRESS, CITY, STATE, ZIP CODE 208 NATCHEZ TRACE AVENUE ROYAL PALM BEACH, FL 33411		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{A 000}	Initial Comments An unannounced Relicensure and Generator Assessment revisit was conducted on _____ at Cassie's Castle Royal Palm Beach. The facility had an uncorrected deficiency at the time of the survey.	{A 000}			
{CZ830}	408.821() FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status,	{CZ830}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{CZ830}	Continued From page 1 each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be	{CZ830}			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CASSIE'S CASTLE

**208 NATCHEZ TRACE AVENUE
ROYAL PALM BEACH, FL 33411**

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{CZ830}	Continued From page 2 prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to submit the Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency annually for approval. The findings included: 1) Upon request of the CEMP and the approval letter, the Assistant Administrator provided this surveyor with last CEMP approval letter dated approved through . During an interview with the Assistant Administrator on at 1:49 PM, she stated that the facility had not submitted the CEMP for approval for the 2020/2021 year, as required. She stated that she has not completed the updates. She stated that once it is done, she will mail it in. Therefore, the facility was unable to provide evidence that the CEMP was submitted annually to the local Emergency Management Division, as required. 2) During the revisit, the Approved CEMP was requested. The Owner stated the CEMP has not been submitted for review to the Emergency Management Division, as they are awaiting the Fire Review to be completed by the Fire Department. The Assistant Administrator stated she dropped the CEMP Book to the Fire Department on , and she stated she	{CZ830}		

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{CZ830}	Continued From page 3 was told it will take two weeks to review. She acknowledged the findings. The facility had no evidence to demonstrate that the plan had been submitted for review to the Emergency Management Division, as required after the expiration date of _____ of the last CEMP. Uncorrected	{CZ830}			