STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967813	02/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cassie's Castle Ii	117 Barcelona Drive Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Cassie's Castle II. The facility had deficiencies found at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on facility record review and staff interview, the facility failed to maintain the required minimum number of staff hours per week for the number of residents residing in the facility.

The findings include:

During numerous observations made on [redacted] between 9AM and 2:40 PM, 6 residents were observed in the facility. The Administrator upon entrance, confirmed the facility census was 6 residents.

On [redacted] during review of the written work schedule for the month of [redacted] 2014, it was noted that Direct Care Staff hours totaled 182 hours. A notation at the bottom of the schedule lists the Administrator's hours as, "5 PM - 8 PM, Saturdays 10 AM - 5 PM, Sunday 12 Noon - 4 PM." There is no further information to specify which days during the week the Administrator works from 5 PM to 8 PM.

During interview with the Administration on [redacted] at approximately 2:40 PM, she stated she works 3 days a week from 5 PM until 8 PM. She further stated she works 3 hours per day, 3 days a week, 7 hours on Sunday and 4 hours on Sunday, the Administrator's hours equal 20 hours per week. The total staffing hours are 202 hours, when the Administrator's 20 staffing hours are included. Regulatory requirement for a census of 6 residents is 212 hours per week, leaving the facility with a [redacted] of 10 hours per week.

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The Administrator acknowledged the findings and stated that no further documentation was available for review.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview and record review, the facility failed to serve the recommended dietary allowance of vegetables during the lunch meal, as specified on the facility's weekly lunch menu which has been reviewed and approved by a licensed and registered dietitian.

The findings include:

On , a review of the posted lunch menu for showed the following food items to be served: Spaghetti with meatballs, green beans, mixed vegetable salad with salad dressing, and ice-cream for dessert. Prior to the meal, substitutions were made to the menu to include: chicken with macaroni and cheese to replace the spaghetti and meatballs, and yellow squash to replace the green beans; no other substitutions were noted.

On at 12 Noon, the lunch meal was observed being served to 4 of 6 residents. The residents were served chicken, macaroni and cheese, cooked yellow squash, and were provided iced tea for a beverage. At the end of their meal, they were given ice-cream for dessert. At no time during their meal did the residents receive the mixed vegetable salad with salad dressing.

During interviews with the Owner and the Administrator on at approximately 2:40 PM,when asked about the missing mixed vegetable salad, the owner stated, "I know these residents and they would not have wanted the salad. I could have made them the salad, but it would have ended up in the garbage." However, at no time during the lunch meal were the residents asked or given the opportunity to choose for themselves whether or not to have the salad that was to be part of the daily lunch menu.

The Owner was also asked why the menu has not been modified to reflect the resident's preferences of a nutritionally comparable option that the residents would eat, if they did not wish to have mixed vegetable salad each day with lunch. The Administrator responded, "We could speak with the dietitian to see about getting some changes made."

Class III

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cassie's Castle II
117 Barcelona Drive
Royal Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on . 2014 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. 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 after **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager
Division of Health Quality Assurance

AMD/jw
Enclosure

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