

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/16/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967813	(X3) DATE SURVEY COMPLETED 04/14/2014
NAME OF PROVIDER OR SUPPLIER Cassie's Castle II	STREET ADDRESS, CITY, STATE, ZIP CODE 117 Barcelona Drive Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0079-Staffing Standards - Levels-04/14/2014
0093-Food Service - Dietary Standards-04/14/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 15, 2014

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

Dear Administrator:

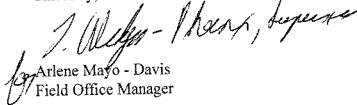
This letter reports the findings of a State Relicensure Revisit Survey conducted on April 14, 2014 by a representative from this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

AMD/jw
Enclosure

DT9D

