

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966836	(X3) DATE SURVEY COMPLETED 10/27/2014
NAME OF PROVIDER OR SUPPLIER Cassie's Castle	STREET ADDRESS, CITY, STATE, ZIP CODE 208 Natchez Trace Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 10/27/14. Cassie's Castle had no deficiencies found at the time of the re-visit.

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-10/27/2014

0056-Medication - Labeling And Orders-10/27/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 06, 2014

Administrator
Cassie's Castle
208 Natchez Trace
Royal Palm Beach, FL 33411

Dear Administrator:

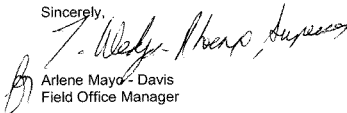
This letter reports the findings of a State Relicensure Revisit Survey conducted on October 27, 2014 by a representative from this office.

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

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