STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966836	**07/05/2016**
NAME OF PROVIDER OR SUPPLIER **CASSIE'S CASTLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 NATCHEZ TRACE AVENUE** **ROYAL PALM BEACH, FL 33411**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2016003696, was conducted on July 5, 2016 at Cassie's Castle (License #10948). The facility had no deficiencies identified during the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 14, 2016

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

RE: CCR #2016003696

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 5, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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