STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966836	R **02/22/2017**
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 desk review revisit was conducted on February 22, 2017 at Cassie's Castle (License #10948). The facility had no deficiencies at time of survey.