

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967813	(X3) DATE SURVEY COMPLETED R 05/17/2018
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit to the relicensure survey was conducted on _____ at Cassie's Castle II, License #11780. The facility had an uncorrected deficiency.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) was submitted and approved annually by the local Emergency Management Agency.

The findings included:

Upon request from the facility of the CEMP approval letter from the Emergency Management Agency. The facility provided a receipt for the CEMP submission on _____. During an interview with the Administrator at 12:05 PM, it was stated that the local Emergency Management Agency sent the CEMP back to the facility for corrections in _____, and they gave the facility 30 days to make corrections. The revised CEMP was delivered to the Emergency Management Agency on _____, the facility is still awaiting approval. Therefore, the facility was unable to provide documentation indicating the facility's CEMP had been approved by the local Emergency Management Agency.

Class III
Uncorrected Deficiency