STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967813	R **12/27/2018**
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 relicensure revisit was completed on 12/27/2018 at Cassie's Castle II (Lic# 11780). The outstanding deficiency was corrected.