STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910115	R **02/07/2019**
NAME OF PROVIDER OR SUPPLIER **CASCADE HEIGHTS**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 ISLANDER COURT** **LONGWOOD, FL 32750**	

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

0000 - Initial Comments

A revisit to a Complaint Investigation #2018013094 was conducted on 2/7/2019. Cascade Heights Assisted Living Facility (License #5753) had no deficiencies at the time of the visit.