

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/28/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966836	(X3) DATE SURVEY COMPLETED R 03/20/2019
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 Relicensure second revisit survey was conducted by desk review on 03/20/2019 for Cassie's Castle, License #10948. The previously cited deficiency was found corrected at the time of the survey.