

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910115	(X3) DATE SURVEY COMPLETED 04/09/2019
NAME OF PROVIDER OR SUPPLIER CASCADE	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

Complaint Investigation #2019005197 was conducted on Cascade, License #5753, did not have any deficiencies at the time of the visit.