| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910115** | R<br>**04/16/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**CASCADE HEIGHTS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**160 ISLANDER COURT**<br>**LONGWOOD, FL 32750** | |

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

**0000 - Initial Comments**

A desk review to the Change of Ownership survey was conducted on April 16, 2019. Cascade Heights, license #5753, had no deficiencies at the time of the desk review.