

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/14/2025
NAME OF PROVIDER OR SUPPLIER  Cascades Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2105 SW 11th Court Delray Beach, FL 33445	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.  Based on observations, interviews and record reviews, the facility failed to maintain a sanitary environment in the kitchen as evidenced by closure by the county health department, due to uncleanliness and pest control issues. The findings included: 1). During an inspection by the Department of Health, on 12/11/25, the following were noted: *One live roach was observed in the multi-function oven.*Two egg cases were observed in the multi-function oven. 2). During a second inspection by the Department of Health, on 12/12/25, the following were noted: *Seven live roaches were observed in a floor stand mixer.*Two live roaches were observed in a Cambro unit.*Two live roaches were observed behind the reach in cooler next to the exit door of the kitchen. *One live roach was observed in the dish washing area.*Two live roaches were observed at the tilt skillet.*One live roach was observed on the wall behind the tilt skillet.*Two live roaches were observed on a 2-burner pot stove.*One dead roach was observed inside of the paper towel dispenser. 3). During a tour of the pantry on the 400 unit, on 12/14/25 at 12:00 PM, the following were noted: *1 live mature roach and 1 live juvenile roach were observed on the counter by boxes of supplements.*2 live mature roaches, as well as what appeared to be roach excrement in a cabinet over the counter that contained tubing and supplies.*Dead roaches were observed in a cabinet under the sink. On 12/14/25 at 12:10 PM, the Administrator was made aware of and acknowledged the concerns. During an interview, on 12/15/25 at 2:52 PM, with the Inspector from the Department of Health, the Inspector confirmed conditions in the main kitchen that were listed in his report.

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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