STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967166	**05/31/2017**
NAME OF PROVIDER OR SUPPLIER **SAEJCA'S CASTLE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13393 SW 32ND STREET** **MIRAMAR, FL 33027**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring survey was conducted on 05/31/17 at Saejca's Castle, License #11207. The facility had no deficiencies at the time of the visit.