STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	R **08/30/2017**
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

0000 - Initial Comments

A Full Monitoring Revisit Survey was conducted on 8/30/17. Capricorn Retirement Home, (License # 7892) with Limited Mental Health (LMH) component had the following deficiency identified at the time of the survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a safe and clean living environment.

Findings included:

Observation on ..... at 9:05 AM clutter was found in the covered patio area where different furniture were disorganized.

Interviewed on ..... at 10:00 the caregiver acknowledged that the facility is trying to organize the area.

Class III