

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967166	(X3) DATE SURVEY COMPLETED R 03/02/2018
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 revisit to the relicensure survey was conducted via desk review on March 3, 2018 for Saejca's Castle LLC, License #11207. Previously cited deficiencies were found corrected.