

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963880	(X3) DATE SURVEY COMPLETED R 06/27/2018
NAME OF PROVIDER OR SUPPLIER SAN CAYETANO HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3525 SW 104 COURT MIAMI, FL 33165	

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

0000 - Initial Comments

A Second Follow up visit to a Complaint (CCR #2017015657) Survey was conducted on 06/27/18. San Cayetano Home, Inc. with license #8859 had previously cited deficiency corrected at the time of the survey.