STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963880	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 Follow up visit to a Complaint (CCR #2018001993) Survey was conducted on . . . . . San Cayetano Home, Inc. with license #8859 had a deficiency at the time of the survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep centrally stored medications locked up at all times.

Findings included:

On . . . . at 5:46 AM several bags of medications were observed on the living . . . . . , resident has access to the living .

During an interview on at 5:46 AM, Staff D stated "these are medications from the pharmacy, they brought them last night."

Uncorrected Class III