

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963880	(X3) DATE SURVEY COMPLETED R 09/13/2018
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 Complaint Survey (CCR #2018001993) Second Revisit was conducted on September 13, 2018. San Cayetano Home, Inc. (license #8859) had a deficiency identified cited under the biennial survey.