STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963880	**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 Standard Biennial Survey was conducted on , 2018. San Cayetano Home, Inc. (license #8859) had a deficiency identified at the time of the survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to provide a health assessment with all sections completed for three out of six sampled residents (#1, #2, and #4).

Findings included:

Review of Resident 2's record revealed the health assessment had the physical or sensory limitations and or behavioral status sections left blank and the section asking if the resident had any , 3 or 4 pressure stated "yes" then had written "no" over yes. The care plan from hospice dated stated Resident # 2 had no .

On at 10:35 AM Owner stated that Resident # 2 had a around the time of last hurricane, but it healed.

Review of Resident #1 and #4's records revealed that the physical or sensory limitations sections had been left blank.

On at 10:40 AM the Owner stated that she would contact the doctor to have new health assessments done.

Class III