STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967166	**05/23/2019**
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

A Extended Congregate Care (ECC) monitoring survey was conducted at Saejca's Castle, Llc on 05/23/2019. The Provider had no deficiencies at the time of the survey.