| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965656** | **10/11/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**DAISY CUIDADO DE ANCIANOS INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6510 NW 2 STREET**<br>**MIAMI, FL 33126** | |

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

**0000 - Initial Comments**

A Biennial survey was conducted on . Daysi Cuidado de Ancianos Inc., with a standard license (AL 10011), had the following deficiency identified at the time of the visit:

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

Based on record review and interview the facility failed to have a valid contract executed between the facility an 1 out of 6 (Resident # 3) facility residents.

Findings:

Record review showed the contract in Resident #3's record was not signed.

Staff B stated Resident # 3's daughter comes rarely to see her mother. She also stated that the resident's daughter does not answer the phone, and that is why the contract was not signed.

Class III