STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966280	**10/13/2017**
NAME OF PROVIDER OR SUPPLIER **DAVISITO'S, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6524 NW 197TH LANE** **HIALEAH, FL 33015**	

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

0000 - Initial Comments

A Complaint (CCR# 2017008590) Survey was conducted from 10/12/17-10/13/17 with licensed # 10500. Davisito's Inc had deficiencies identified at time of this survey, cited under the biennial relicensure suvey conducted on the same dates (Aspen ID X2FT11).