STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	**10/23/2017**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . Davisitos 2 Inc. with standard license (AL 12445) had the following 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 have documentation of a valid Power of Attorney for 1 out of 6 residents (Resident #1).

Findings:

A review of the resident record showed the Contract between the facility and Resident #1 dated was signed by a family member. Further review showed showed the facility had no documentation of a Power of Attorney for Resident #1.

On at 11:50 a.m. the Administrator stated that she would ask Resident's #1 son if he had a Power of attorney for his father.

Class III