STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966280	R 11/20/2017
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

An Abbreviated Revisit Survey was conducted from 11/20/17 with licensed # 10500. Davisito's Inc had deficiencies identified at time of this survey.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the provider failed to maintain an accurate, up-to date medication observation record (MOR) for one of six (#3) residents.

Findings included:

Observation on at 6:30 am revealed that Resident #3's family member signed the MOR as given at 6:30 am.

Record review revealed that the MOR had Resident #3's morning medications at 8:00 am.

Interview on at 7:00 am revealed that Staff A stated, " We are going to talk to the resident's doctor to change medication time."

Class III

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

Based on record review and interview, the facility failed to have an accurate health assessment for three of six sampled residents (3, 6 and 7).

Findings included:

Record review revealed that Residents' (# 3, 6 and 7) health assessments had blank weight sections.

Interviewed on at 8:00 am, Staff A acknowledged that Residents' # 3, 6 and 7's health assessments were missing weight information. Staff A stated, "I will call the doctor, and I will let him know about it."

Class III