STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	R 01/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVISITOS 2 INC	**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 revisit survey was in conjunction with a complaint (# 2018000025) conducted from to . 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 observation, record review and interview the facility failed to have a completed Resident Health Assessment form and a written informed consent when the resident received assistance with self-administration of medication by unlicensed staff for one out of seven sampled residents (Resident #1).

Findings:
On at 6:10 A.M., observed two staff wearing green scrubs and an elderly woman that arrived at the facility. They identified themselves as Staff F and G and identified woman as Resident #1, they walked to the common area and sat the resident in a recliner chair.

On at 7:35 A.M, the administrator stated, "I do assist Resident #1 with her medication".

A review of medication found inside a bag for Resident #1 showed that the list of medication were: 5 mg; 50 mg; 20 mg; 100 mg; , 5 mg.

A review of Resident #1's showed that the resident was admitted on with a Residency Agreement for the amount of $ 2000.00 signed by her power of attorney. The facility did not have a completed heath assessment, it was found a blank health assessment in record. The record did not have a consent signed by the resident or her representative for unlicensed staff to assist her with self-administration of medication.

Class III