STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966280	R **02/01/2018**
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 on 2/1/18 with licensed # 10500. Davisito's Inc had no deficiencies identified at the time of the survey.