

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/16/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968533	(X3) DATE SURVEY COMPLETED R 04/27/2018
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 Complaint revisit survey (# 2018000025) was conducted on 04/27/2018. Davisitos 2 Inc. with standard license (AL 12445) had no deficiencies identified at the time of the survey: