

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968533	(X3) DATE SURVEY COMPLETED 11/01/2018
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 comprehensive emergency management plan and emergency power plan monitoring survey was conducted on November 1, 2018. Davisitos 2, Inc. with a standard license number 12445, had no deficiencies identified at the time of survey.